



Future of Florida's Families Committee

**Tuesday, April 4, 2006
10:15 AM – 11:00 AM
12 House Office Building**



Florida House of Representatives

Future of Florida's Families Committee

Bill Galvano
Chair

AGENDA

April 4, 2006
10:15 AM – 11:00 AM
12 HOB

Opening Remarks by Chair Galvano

Consideration of the following bills:

HB 1033 – Child Abuse by Rep. Vana

HB 1275 – Adoption Benefits by Rep. Cusack

HB 1327 – Transition Services for Adolescents and Young Adults with Disabilities
by Rep. D. Davis

HB 1365 – Florida Healthy Kids Corporation Act by Rep. M. Davis

HB 1423 – Children's Health Insurance by Rep. Bucher

HB 1495 – Marriage Licenses by Rep. Arza

Closing Remarks by Chair Galvano

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1033

Child Abuse

SPONSOR(S): Vana

TIED BILLS: None.

IDEN./SIM. BILLS: SB 2360

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Future of Florida's Families Committee</u>		Davis <i>MD</i>	Collins <i>JC</i>
2) <u>Health Care Appropriations Committee</u>			
3) <u>Health & Families Council</u>			
4) _____			
5) _____			

SUMMARY ANALYSIS

HB 1033 requires that all Department of Children and Families (DCF) or community-based care employees working as child abuse professionals or anyone employed in the occupational categories defined as a "mandated reporter" by s. 39.201, F.S., (physicians, nurses, health and mental health professionals, teachers, social workers, law enforcement, judges, etc.) must complete a 1-hour continuing education course on child abuse each year.

The fiscal impact on this bill is undetermined. See Fiscal Comments section of the analysis.

The bill shall take effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Empower Families: The bill affects families in a positive way because DCF employees and mandatory reporters of child abuse will be better trained through continuing education classes.

B. EFFECT OF PROPOSED CHANGES:

Background

Chapter 39, F.S., mandates that any person who knows, or has reasonable cause to suspect, that a child is abused, neglected, or abandoned by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families (DCF).

The DCF is also responsible, as mandated in Chapter 39, F.S., for providing comprehensive protective services for abused, neglected, and abandoned children in Florida by requiring that reports of each abused, neglected, or abandoned child be made to the Florida Abuse Hotline. The DCF is committed to working in partnership with local communities to ensure the safety, well-being and self-sufficiency for the people it serves. Law enforcement takes the lead in all criminal investigations and prosecution.

Departmental or Community-Based Care staff: Section 402.731, F.S., authorizes the department to create certification programs for its employees and service providers to ensure that only qualified employees and service providers provide client services. The department is authorized to develop rules that contain qualifications for certification, including training and testing requirements, continuing education requirements for ongoing certification, and decertification procedures to be used to determine when an individual no longer meets the qualifications to work as a child abuse professional.

Mandatory Reporters: While statutory language exists authorizing the creation of continuing education requirements for ongoing certification of departmental and community-based care personnel, no such language currently exists for the "at-large" group of occupational classes that are defined as "mandated reporters" in s. 39.201, F.S.

Effect

The bill requires that all departmental or community-based care employees working as child abuse professionals or anyone employed in the occupational categories defined as a "mandated reporter" by s. 39.201, F.S., (physicians, nurses, health and mental health professionals, teachers, social workers, law enforcement, and judges, etc.) must complete a 1-hour continuing education course on child abuse each year.

C. SECTION DIRECTORY:

Sections 1-2. Amend ss. 39.001 and 39.201, F.S., requiring all Department of Children and Family employees and person in specified occupation categories assigned to report, manage, or supervise cases of child abuse, abandonment, and neglect to annually complete a continuing education course.

Section 3. Provides an effective date of July1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

See Fiscal Comments Section.

D. FISCAL COMMENTS:

Community-based Care staff: Community-based care personnel training costs for child abuse professionals are currently funded through the Child Welfare Training Trust Funds (Title IV-E). There will be no additional fiscal impact.

Mandatory Reporters: According to DCF, costs for non-departmental professionals, "mandated reporter" groups to take a continuing education course are not covered by the Child Welfare Training Trust Funds. If the intent of the proposed bill is to require all potential mandated reporters in the defined occupational categories to complete a continuing education course, the number of individuals required to attend training would be very large - i.e., all physicians, nurses, teachers, law enforcement personnel, mental health professionals, day care center workers, etc. A second critical determinant in projecting fiscal impact, as mentioned earlier, depends upon whether or not this course would be an "add-on" or subsumed by the current continuing education requirements for each professional category. The fiscal impact could be very limited if the child abuse course counted towards existing continuing education requirements for the occupational categories defined as mandatory reporters or fairly extensive if professional accreditation groups would require this over and above their current requirements.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The department has sufficient rulemaking authority to carry out the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

According to the Department of Children and Families:

Departmental or Community-based Care staff: Administrative Rule and operating procedures are currently being developed with the anticipation that the child welfare certification process will far exceed this bill's requirement for continuing education courses by professionals in this field. Whereas, this bill proposes one hour per year, the standard expected to be set will more likely require 15 hours of continuing education courses per year. This is a non-issue because current ongoing continuing education requirements already exceed guidelines proposed by current bill and training costs are covered for caseworkers and supervisors through Child Welfare Training Trust Funds (Title IV-E).

Mandatory Reporters: Most if not all of the occupational categories falling under the "mandated reporter" designation also have continuing education requirements as part of their re-licensure process. What is not known is if any of these occupational categories presently require a course on child abuse issues - which means many "mandated reporters" may already be meeting or exceeding the standards proposed by this bill. The bill does not describe a "tracking mechanism" regarding compliance with the new requirement - will the department be expected to provide this oversight and/or develop a one hour continuing education course to help mandatory reporters satisfy this requirement?

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

Bill No. **HB 1033**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Future of Florida's Families
Committee

Representative(s) Vana offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Paragraph (e) of subsection (2) of section
39.001, Florida Statutes, is amended to read:

39.001 Purposes and intent; personnel standards and
screening.—

(2) DEPARTMENT CONTRACTS.--The department may contract with
the Federal Government, other state departments and agencies,
county and municipal governments and agencies, public and
private agencies, and private individuals and corporations in
carrying out the purposes of, and the responsibilities
established in, this chapter.

(e) The department shall develop and implement a written
and performance-based testing and evaluation program to ensure
measurable competencies of all employees assigned to report,
manage, or supervise cases of child abuse, abandonment, and
neglect. All employees assigned to report, manage, or supervise

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

cases of child abuse, abandonment, and neglect shall complete a 1-hour continuing education course on child abuse each year.

Section 2. Paragraph (b) of subsection (1) of section 39.201, Florida Statutes, is amended to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.--

(1)

(b) Reporters licensed or regulated by the state and their employees who are mandatory reporters are required to complete a 1-hour continuing education course on child abuse each year, except for reporters in subparagraphs 1. and 2. Reporters in the following occupation categories are required to provide their names to the hotline staff:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

2. Health or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

6. Law enforcement officer; or

7. Judge.

The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.

Section 3. This act shall take effect July 1, 2006.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

===== T I T L E A M E N D M E N T =====

Remove the entire title and insert:

A bill to be entitled

An act relating to child abuse; amending ss. 39.001 and
39.201, F.S.; requiring all Department of Children and
Family Services employees and persons in specified
occupation categories assigned to report, manage, or
supervise cases of child abuse, abandonment, and neglect
to annually complete a continuing education course; providing
for exceptions; providing an effective date.

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1 A bill to be entitled
2 An act relating to child abuse; amending ss. 39.001 and
3 39.201, F.S.; requiring all Department of Children and
4 Family Services employees and persons in specified
5 occupation categories assigned to report, manage, or
6 supervise cases of child abuse, abandonment, and neglect
7 to annually complete a continuing education course;
8 providing an effective date.

9
10 Be It Enacted by the Legislature of the State of Florida:

11
12 Section 1. Paragraph (e) of subsection (2) of section
13 39.001, Florida Statutes, is amended to read:

14 39.001 Purposes and intent; personnel standards and
15 screening.--

16 (2) DEPARTMENT CONTRACTS.--The department may contract
17 with the Federal Government, other state departments and
18 agencies, county and municipal governments and agencies, public
19 and private agencies, and private individuals and corporations
20 in carrying out the purposes of, and the responsibilities
21 established in, this chapter.

22 (e) The department shall develop and implement a written
23 and performance-based testing and evaluation program to ensure
24 measurable competencies of all employees assigned to report,
25 manage, or supervise cases of child abuse, abandonment, and
26 neglect. All employees assigned to report, manage, or supervise
27 cases of child abuse, abandonment, and neglect shall complete a
28 1-hour continuing education course on child abuse each year.

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Section 2. Paragraph (b) of subsection (1) of section 39.201, Florida Statutes, is amended to read:

39.201 Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.--

(1)

(b) Reporters in the following occupation categories are required to provide their names to the hotline staff and are required to complete a 1-hour continuing education course on child abuse each year:

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;

2. Health or mental health professional other than one listed in subparagraph 1.;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;

6. Law enforcement officer; or

7. Judge.

The names of reporters shall be entered into the record of the report, but shall be held confidential and exempt as provided in s. 39.202.

Section 3. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1275

Adoption Benefits

SPONSOR(S): Cusack

TIED BILLS: None.

IDEN./SIM. BILLS: SB 1896

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Future of Florida's Families Committee</u>	_____	Davis <i>MD</i>	Collins <i>JCE</i>
2) <u>Governmental Operations Committee</u>	_____	_____	_____
3) <u>State Administration Appropriations Committee</u>	_____	_____	_____
4) <u>Health & Families Council</u>	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

The bill expands the categories of persons who are eligible to receive adoption benefits under s. 110.152, F.S., by changing the phrases "state employees" and "employee of the state" to "qualifying adoptive parents," which is defined to include a full or part-time employee of:

- The state, including a full-time or part-time employee of the State University System;
- Any community college; and
- Any county school district, including teachers.

By changing the terminology, the bill makes university, community college, and county school district employees eligible to receive the \$10,000 benefit available to those who adopt a special needs child and the \$5,000 benefit available to those who adopt a child other than a special needs child. The terminology change makes the requirements concerning application for the monetary benefit, the right to receive other statutory adoption expenses, and the six month parental leave provision applicable to university, community college, and county school district employees.

The bill clarifies the rule-making authority of the Department of Management Services with respect to adoption benefits to reflect the expanded categories of persons eligible for such benefits by changing the term "employees" to "qualifying adoptive parents."

For fiscal impact see Fiscal Comments section of analysis.

The bill provides for an effective date of July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Empower Families: The bill increases the opportunity for children to thrive in the custody of their adoptive mother and father.

B. EFFECT OF PROPOSED CHANGES:

Current Adoption Benefit

Section 110.152(1)(a), F.S., provides for adoption benefits for "state employees," defined as "any full-time or part-time employee of the state who is paid from regular salary appropriations," who adopts a special needs child as defined in s. 110.152(b), F.S. Such state employees are eligible to receive a monetary benefit in the amount of \$10,000 per child, payable in equal monthly installments over a one-year period.

Any "employee of the state" who adopts a child whose permanent custody has been awarded to the Department of Children and Family Services (DCF) or to a Florida-licensed child-placing agency, *other* than a special-needs child, is eligible to receive a monetary benefit in the amount of \$5,000 per child, payable in equal monthly installments over a one-year period. Benefits payable to a part-time employee under subsection (1) must be prorated based on the employee's full-time-equivalency status at the time of applying for the benefits.

Section 110.152(2), F.S., provides that an employee of the state who adopts a special-needs child must apply to his or her agency head to obtain the monetary benefit provided in subsection (1) and that applications must be on forms approved by the Department of Management Services (DMS) and must include a certified copy of the final order of adoption naming the applicant as the adoptive parent.

Section 110.152(3), F.S., provides that nothing in this section affects the right of any state employee who adopts a special-needs child to receive financial aid for adoption expenses pursuant to s. 409.166, F.S., or any other statute that provides financial incentives for the adoption of children.

Section 110.152(4), F.S., provides that any employee of the state who has a child placed in the custody of the employee for adoption, and who continues to reside in the same household as the child placed for adoption, must be granted parental leave for a period not to exceed six months as provided in s. 110.221, F.S.

Section 110.15201, F.S., provides that the DMS may adopt rules to administer the provisions of this act and that the rules may provide for an application process that may include an open enrollment period during which employees may apply for monetary benefits provided in s. 110.152(1), F.S.

Currently, the DMS has mutual agreements with the state universities to provide a method for transferring the funds for the adoption benefit. The DMS does not have such agreements with state community colleges or county school districts.

According to the DCF, in 2000, out of 75 eligible adoptions, 20 were funded due to the amount appropriated. In 2001, out of 77 eligible adoptions, 12 were funded due to the amount appropriated. In 2002, all 40 eligible adoptions were funded. In 2003, no appropriations were made to fund the program. In 2004, out of 243 eligible adoptions, 179 were funded due to the amount appropriated to the DMS. In 2005, the DMS received 167 eligible applications to receive benefits under s. 110.152(1), F.S., of which it funded 89 children from an appropriation of approximately \$888,000, which left 78 unfunded.

Effect:

The bill expands the categories of persons who are eligible to receive adoption benefits under s. 110.152, F.S., by changing the phrases "state employees" and "employee of the state" to "qualifying adoptive parents," which is defined to include a full or part-time employee of:

- The state, including a full-time or part-time employee of the State University System;
- Any community college; and
- Any county school district, including teachers.

By changing the terminology, the bill makes university, community college, and county school district employees eligible to receive the \$ 10,000 benefit available to those who adopt a special needs child and the \$5,000 benefit available to those who adopt a child other than a special needs child. The terminology change makes the requirements concerning application for the monetary benefit, the right to receive other statutory adoption expenses, and the six month paternal leave provisions applicable to university, community college, and county school district employees.

The bill amends s. 110.15201, F.S., which provides rule-making authority to the Department of Management Services with respect to the provisions to this act, by replacing a reference to "employees" with a reference to "qualifying adoptive parents." The effect of the change means the application process for receiving the benefits of this section, which is provided by Rule 60L-32.005, F.A.C., is applicable to university, community college, and county school district employees seeking the monetary benefits of s. 110.152, F.S.

C. SECTION DIRECTORY:

Section 1. Amends s. 110.152, F.S., expanding the categories of persons who are eligible to receive adoption benefits.

Section 2. Amends s.110.15201, F.S., authorizing the Department of Management Services to adopt rules to administer the adoption benefits program.

Section 3. Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**A. FISCAL IMPACT ON STATE GOVERNMENT:****1. Revenues:**

See Fiscal Comments Section.

2. Expenditures:

See Fiscal Comments Section.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:**1. Revenues:**

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

To the extent the appropriation is sufficient, employees of community colleges and county school districts could receive adoption benefits when they adopt certain children.

D. FISCAL COMMENTS:

Given that the appropriation for the benefit under current s. 110.152(1), F.S., was insufficient to cover all eligible applications for the benefit in five of the past six years, an increase in the number of persons eligible to receive the benefit, without an increase in the appropriation, would suggest that not all eligible applicants will receive the benefit in the future.

To the extent that employees of community colleges and county school districts who were not previously eligible for the monetary benefits of s. 110.152, F.S., use them in the future, the cost to the state may rise, in both increased demand for the benefit, and increased costs to the DMS in entering into agreements with community colleges and county school districts to transfer funds outside the state payroll system. To the extent that the benefits act as incentives for employees of universities, community colleges, and county school districts to adopt children they otherwise may not have, the cost to the state may decrease, as the state would no longer need to provide directly for the support of those children. The net increase or decrease in costs to the state is indeterminate. If universities, community colleges, and county school districts do not currently provide the six month parental leave as provided in s. 110.052, F.S., they may incur productivity and personnel costs associated with providing the leave. Those costs are indeterminate.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides rulemaking authority for DMS under s. 110.15201, F.S., to adopt rules and administer the adoptions benefit program.

C. DRAFTING ISSUES OR OTHER COMMENTS:

Several technical changes are proposed in a strike all amendment to correct cross references, and to clarify that only employees of Florida institutions are eligible for benefits.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

Bill No. **HB 1275**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Future of Florida's Families
Committee
Representative(s) Cusack offered the following:

Amendment

Remove everything after the enacting clause and insert:
Section 1. Section 110.152, Florida Statutes, is amended
to read:

110.152 Adoption benefits for qualifying adoptive parents
~~state employees~~; parental leave.--

(1) As used in this section, the term "qualifying adoptive
parent" means a full-time or part-time employee of:

(a) The state, including a full-time or part-time employee
of the State University System;

(b) Any community college in the state; and

(c) Any county school district in the state, including
teachers.

(2) ~~(1)~~(a) Any qualifying adoptive parent ~~full-time or
part-time employee of the state who is paid from regular salary
appropriations and who adopts a special-needs child, as defined
in paragraph (b), is eligible to receive a monetary benefit in
the amount of \$10,000 per child, which is payable in equal~~

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

23 monthly installments over a 1-year period. Any qualifying
24 adoptive parent ~~employee of the state~~ who adopts a child whose
25 permanent custody has been awarded to the Department of Children
26 and Family Services or to a Florida-licensed child-placing
27 agency, other than a special-needs child as defined in paragraph
28 (b), shall be eligible to receive a monetary benefit in the
29 amount of \$5,000 per child, which is payable in equal monthly
30 installments over a 1-year period. Benefits paid under this
31 subsection to a part-time employee must be prorated based on the
32 employee's full-time-equivalency status at the time of applying
33 for the benefits.

34 (b) For purposes of this section, a "special-needs child"
35 is a child whose permanent custody has been awarded to the
36 Department of Children and Family Services or to a Florida-
37 licensed child-placing agency and who is not likely to be
38 adopted because he or she is:

- 39 1. Eight years of age or older.
- 40 2. A person with a developmental disability.
- 41 3. A person with a physical or emotional handicap.
- 42 4. Of a minority race or of a racially mixed heritage.
- 43 5. A member of a sibling group of any age, provided that
44 two or more members of a sibling group remain together for the
45 purposes of adoption.

46 ~~(3)-(2)~~ A qualifying adoptive parent ~~An employee of the~~
47 ~~state~~ who adopts a special-needs child must apply to his or her
48 agency head to obtain the monetary benefit provided in
49 subsection (2) ~~(1)~~. Applications must be on forms approved by
50 the department and must include a certified copy of the final
51 order of adoption naming the applicant as the adoptive parent.

52 ~~(4)-(3)~~ ~~Nothing in~~ This section does not ~~shall~~ affect the
53 right of any qualifying adoptive parent ~~state employee~~ who

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

54 adopts a special-needs child to receive financial aid for
55 adoption expenses under ~~pursuant to~~ s. 409.166 or any other
56 statute that provides financial incentives for the adoption of
57 children.

58 ~~(5)(4)~~ Any qualifying adoptive parent ~~employee of the~~
59 ~~state~~ who has a child placed in the custody of the adopting
60 parent ~~employee~~ for adoption, and who continues to reside in the
61 same household as the child placed for adoption, shall be
62 granted parental leave for a period not to exceed 6 months as
63 provided in s. 110.221.

64 Section 2. Section 110.15201, Florida Statutes, is amended
65 to read:

66 110.15201 Adoption benefits for qualifying adoptive
67 parents ~~state employees~~; rulemaking authority.--The Department
68 of Management Services may adopt rules to administer the
69 provisions of this act. The ~~Such~~ rules may provide for an
70 application process such as, but not limited to, an open
71 enrollment period during which qualifying adoptive parents
72 ~~employees~~ may apply for monetary benefits as provided in s.
73 110.152 (2) ~~(1)~~.

74 Section 3. This act shall take effect July 1, 2006.

HB 1275

2006

A bill to be entitled

An act relating to adoption benefits; amending s. 110.152, F.S.; defining the term "qualifying adoptive parent"; expanding the categories of persons who are eligible to be qualifying adoptive parents; providing that a qualifying adoptive parent who adopts a special-needs child or a child whose permanent custody has been awarded to the Department of Children and Family Services or to a Florida-licensed child-placing agency, other than a special-needs child, is eligible to receive a specified monetary benefit that is paid to the adoptive parent in equal monthly installments over a 1-year period; amending s. 110.15201, F.S.; authorizing the Department of Management Services to adopt rules to administer the adoption benefits program; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 110.152, Florida Statutes, is amended to read:

110.152 Adoption benefits for qualifying adoptive parents ~~state employees~~; parental leave.--

(1) As used in this section, the term "qualifying adoptive parent" means a full-time or part-time employee of:

(a) The state, including a full-time or part-time employee of the State University System;

(b) Any community college; or

(c) Any county school district, including teachers.

HB 1275

2006

(2)(1)(a) Any qualifying adoptive parent ~~full-time or part-time employee of the state who is paid from regular salary appropriations and~~ who adopts a special-needs child, as defined in paragraph (b), is eligible to receive a monetary benefit in the amount of \$10,000 per child, which is payable in equal monthly installments over a 1-year period. Any qualifying adoptive parent ~~employee of the state~~ who adopts a child whose permanent custody has been awarded to the Department of Children and Family Services or to a Florida-licensed child-placing agency, other than a special-needs child as defined in paragraph (b), shall be eligible to receive a monetary benefit in the amount of \$5,000 per child, which is payable in equal monthly installments over a 1-year period. Benefits paid under this subsection to a part-time employee must be prorated based on the employee's full-time-equivalency status at the time of applying for the benefits.

(b) For purposes of this section, a "special-needs child" is a child whose permanent custody has been awarded to the Department of Children and Family Services or to a Florida-licensed child-placing agency and who is not likely to be adopted because he or she is:

1. Eight years of age or older.
2. A person with a developmental disability.
3. A person with a physical or emotional handicap.
4. Of a minority race or of a racially mixed heritage.
5. A member of a sibling group of any age, provided that two or more members of a sibling group remain together for the purposes of adoption.

HB 1275

2006

(3)(2) A qualifying adoptive parent ~~An employee of the~~
~~state~~ who adopts a special-needs child must apply to his or her
agency head to obtain the monetary benefit provided in
subsection (2) ~~(1)~~. Applications must be on forms approved by
the department and must include a certified copy of the final
order of adoption naming the applicant as the adoptive parent.

(4)(3) ~~Nothing in~~ This section does not ~~shall~~ affect the
right of any qualifying adoptive parent ~~state employee~~ who
adopts a special-needs child to receive financial aid for
adoption expenses under ~~pursuant to~~ s. 409.166 or any other
statute that provides financial incentives for the adoption of
children.

(5)(4) Any qualifying adoptive parent ~~employee of the~~
~~state~~ who has a child placed in the custody of the adopting
parent ~~employee~~ for adoption, and who continues to reside in the
same household as the child placed for adoption, shall be
granted parental leave for a period not to exceed 6 months as
provided in s. 110.221.


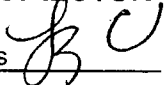
Section 2. Section 110.15201, Florida Statutes, is amended
to read:

110.15201 Adoption benefits for state employees;
rulemaking authority.--The Department of Management Services may
adopt rules to administer the provisions of this act. The ~~Such~~
rules may provide for an application process such as, but not
limited to, an open enrollment period during which qualifying
adoptive parents ~~employees~~ may apply for monetary benefits as
provided in s. 110.152(1).

Section 3. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1327 Transition Services for Adolescents and Young Adults with Disabilities
SPONSOR(S): Davis, D.
TIED BILLS: None. **IDEN./SIM. BILLS:** SB 2288

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Preston 	Collins 
2) Health Care Appropriations Committee			
3) Health & Families Council			
4) _____			
5) _____			

SUMMARY ANALYSIS

The bill establishes the Jacksonville Health and Transition Services Pilot Program for the purpose of assisting adolescents and young adults with special health care, educational, or vocational needs in transitioning into the adult health care system and employment. The pilot program is to serve persons in North Central Florida, which includes residents in Baker, Clay, Duval, Nassau, and St. Johns Counties. The pilot program is to be located in Children's Medical Services (CMS) in the Department of Health (DOH) for administrative purposes.

Provisions of the bill:

- Require participants in the pilot program to be offered an assessment of their developmental, educational, and vocational achievement;
- Require the pilot program to work with participants and their families to plan for transition to college or to programs for adult educational and vocational rehabilitation;
- Require the pilot program to work with local educational and vocational entities to provide vocational counseling and training; and
- Specify that the pilot program should develop partnerships with community agencies to support comprehensive transition planning and educational and vocational counseling services.

The bill requires specific health services, social services, and administrative services to be provided to participants by the Department of Internal Medicine at the University of Florida-Jacksonville, the Department of Pediatrics at the University of Florida-Jacksonville, the Nemours Children's Clinic, the Institute for Health, Policy and Evaluation Research within the Duval County Health Department, and other state and local entities.

The bill provides a \$350,000 appropriation to CMS to fund startup and operation costs of the pilot program.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Provide limited government – The bill requires many private entities to participate in the development and implementation of the pilot program which results in additional responsibilities for those designated groups.

Safeguard individual liberty – If individuals are able to become more self sufficient and productive as a result of participation in the pilot, then they will have an increased ability to conduct their own affairs.

Empower families – If participants of the program are able to become more self sufficient and supporting as adults, then their reliance on assistance from family and other sources should decrease.

B. EFFECT OF PROPOSED CHANGES:

Transitioning from Childhood and Adolescent Services to Adult Services and Employment

Children with special health care or educational needs face significant obstacles as they age out of child health care and educational service programs. Many states, universities, organizations, and health care providers are developing plans to assist youths with special health care and educational needs to successfully transition into multiple aspects of adult life.

Transitioning into adulthood is a difficult process for all adolescents, but the transition presents additional challenges for young people with health care and educational disabilities. "Transition services" is the term used to describe a set of services and supports designed to assist adolescents in adjusting to the change from the home and school environment to independent living and meaningful employment. Students with health or educational disabilities often face this transition unprepared for further vocational training, post secondary education, gainful employment, or the ability to navigate the non-pediatric health care system. Some of the barriers to a successful transition include:

- Students leaving school are often placed on a waitlist for adult services and may not be able to keep a job they obtained in school because of a lack of transitional supports as adults. Medicaid waiver rules require students to return to school for services until age 22 if they have a special education diploma;
- Youth with disabilities and their families are often poorly prepared for the transition from an entitlement program (such as a free and appropriate education, Children's Medical Services, or Medicaid) to an adult service system;
- Priorities and expectations in the systems that serve children and youth with health and educational disabilities are very different than the structure of the service and support system for adults, which is focused on integration into the community rather than separate programs that are only for people with disabilities;
- Commitment to the philosophy of self-determination and choice varies across agencies;
- Eligibility for services and supports vary by agency and often support staff and families may be unaware of services for which they are eligible because planning processes are often not coordinated;
- Social Security benefits often create a disincentive to work. Individuals on Social Security Disability Income (SSDI) who require supports and health benefits to obtain a job lose eligibility for those services if they make over \$850, thus losing the benefits that enable them to obtain and keep meaningful employment; and
- Agencies may have different criteria for providers of the same service.

Although there are a variety of federal and state programs and agencies with some involvement in meeting the health care, educational and vocational needs of children and adolescents transitioning into adult programs, successfully integrating these efforts has proven difficult.

Health Care Transitioning

Persons with special health care needs or disabilities are more than twice as likely to postpone needed health care because they cannot afford it. Furthermore, people with disabilities are four times more likely to have special needs that are not covered by their health insurance. True independence requires accessible and affordable health care.

However, children and adolescents with special health care needs face significant challenges in transitioning into the adult health care system. Primarily, this is because of the complexity of their health care needs and their high utilization of medical services relative to other adults. For example, according to a survey by Brandeis University and Family Voices of parents of children with special health care needs, parents reported that in the preceding year, their child needed the following services:¹

- 82 percent needed services from specialty medical doctors;
- 49 percent needed speech therapy;
- 48 percent needed physical therapy;
- 48 percent needed occupational therapy;
- 29 percent needed home health services; and
- 20 percent needed mental health services.

Currently, in Florida, there are a number of initiatives that conduct research and provide information to patients and their families on how to transition children and adolescents into the non-pediatric health care system. These initiatives include:

- **Health Care Transitions** – The Promising Practices in Health Care Transition Project is a research and training initiative of the Institute for Child Health Policy at the University of Florida. The website includes tools, resources, and links that deal with transition issues and how other youth and families are meeting this goal. It is also the site of a Transition Listserv that provides international communication for youth, families and professionals who would like to communicate and share ideas and resources with each other.²
- **The Transition Center** – The Transition Center, located at the University of Florida in Gainesville, aims to enrich the lives of students through self-advocacy, access to contacts, proper resources, and by providing an opportunity for students to interact with one another as they make decisions and discover what they want out of life. They are also a resource for family members and professionals.³
- **Adolescent Health Transition Project** – This website was created by the University of Washington and is housed at the Center for Human Development and Disability. The Adolescent Health Transition Project is designed to help ease the transition from pediatric to adult health care for adolescents with special health care needs. This site is a resource for information, materials, and links to other people with an interest in health transition issues.⁴

Educational and Vocational Transitioning

¹ The Consortium for Children and Youth with Disabilities and Special Health Care Needs, *Children with Special Health Care Needs and Access to Health and Rehabilitative Services: A Fact Sheet on Findings*, May 2002. Found at <http://www3.georgetown.edu/research/gucchd/consortium/documents/brief1.pdf>

² See <http://hctransitions.ichp.edu/>

³ See <http://www.thetransitioncenter.org/page.asp?page=content/about.html&pagetype=visitor>

⁴ See <http://depts.washington.edu/healthtr/index.html>

Advocates for persons with disabilities emphasize that education is the key to independence and future success, is critical to obtaining work, and affects how much money an individual can earn. Before the passage of the Individuals with Disabilities Education Act (IDEA) in 1975, which granted all children with disabilities a free, appropriate public education, many children with disabilities did not attend school because the buildings or class activities were inaccessible. Even now, 22 percent of Americans with disabilities fail to graduate high school, compared to 9 percent of those without disabilities. According to the National Organization on Disability's Harris Survey of Americans with Disabilities:⁵

- Young people with disabilities drop out of high school at twice the rate of their peers;
- As many as 90 percent of children with disabilities are living at the poverty level three years after graduation;
- Eighty percent of people with significant disabilities are not working; and
- Currently, only one out of ten persons with a developmental disability will achieve integrated, competitive employment, and most will earn less than \$2.40 an hour in a sheltered workshop.

Recently, there have been several statewide initiatives focused on helping to identify challenges faced by young adults with disabilities as they transition from high school to adult life and to develop strategies to create an effective transition system. The state agencies involved in these interagency activities include the Agency for Persons with Disabilities, the Department of Education, the Department of Children and Family Services, the Department of Health, the Agency for Health Care Administration, and the Department of Juvenile Justice.

A variety of private organizations and individuals have also been involved in these activities, including the Able Trust, the Advocacy Center for Persons with Disabilities, Inc., the ADA Working Group, Center for Autism and Related Disabilities at the University of South Florida, Family Network on Disabilities of Florida, Inc., the Florida Developmental Disabilities Council, Inc., the Florida Independent Living Council, Inc., the Florida Institute for Family Involvement, the Florida Recreation and Parks Association, the Florida Rehabilitation Council, the Florida Schools Health Association, the Transition Center at the University of Florida, the Transition to Independence Process Project, Workforce Florida, Inc., parents, self-advocates, and teachers from throughout the state.⁶

JaxHATS: Jacksonville Health and Transition Services

The Jacksonville Health and Transition Services (JaxHATS) pilot program was created in 2005 to establish a "medical home" for all youth and young adults with chronic medical or developmental problems in Northeast Florida (Duval, Baker, Clay, Nassau and St. Johns Counties). The pilot program is based at the University of Florida Shands-Jacksonville campus and has collaborative agreements with other providers such as the Nemours Children's Clinic. For FY 2005-06, the program is funded through CMS.

Some of the diagnostic categories covered by the JaxHATS program include: Spina Bifida; Cerebral Palsy; Muscular Dystrophies and other neuromuscular diseases; Sickle Cell Anemia; Cystic Fibrosis and other chronic lung diseases; Down's Syndrome; autism and other developmental disabilities; diabetes and other chronic endocrine disorders; congenital heart disease or heart disease acquired during childhood; chronic gastro-intestinal (GI) disease, such as Crohn's Disease, Ulcerative Colitis, Short Gut Syndrome, etc.; and immunodeficiencies.

Estimates indicate that as many as 6,000 adolescents and young adults living in North Central Florida have chronic medical or developmental conditions, as well as special needs in education. As of March 2006, JaxHATS served approximately 40 individuals in its pilot program. JaxHATS has several future goals for the pilot program, including:

⁵ The 2004 National Organization on Disability/Harris Survey of Americans with Disabilities. Found at www.nod.org

⁶ Florida Partners in Transition, <http://partnersintransition.org/members.htm>

- The establishment of a Medical Home for all youth/young adults with chronic medical or developmental problems in North Central Florida;
- The development of a reliable referral network of adult medical and surgical specialists;
- The design and implementation of a comprehensive evaluation of the proposed pilot project; and
- The development of a multidisciplinary research program to formulate and integrate research in the field of medical transition and conduct studies that will establish Standards of Excellence in the field of transition.

Effects of the Bill

The bill creates the Jacksonville Health and Transition Services Pilot Program, the purpose of which is to assist adolescents and young adults with special health care, educational, or vocational needs in transitioning into the adult health care system and employment. The pilot program is located in the CMS program in DOH for administrative purposes.

The bill requires the Department of Internal Medicine and the Department of Pediatrics at the University of Florida-Jacksonville Campus to develop the pilot program in collaboration with CMS and specified community partners, including, but not limited to, the Area Association for Retarded Citizens (ARC Jacksonville), Hope Haven Clinic, the Spina Bifida Association, and the Down Syndrome Association. The primary care clinic for the pilot program will be located in the Ambulatory Care Center on the Shands-Jacksonville Hospital campus.

The target population for the pilot program includes disabled persons who: are 14 through 25 years of age; reside in the North Central area of CMS; have chronic health-related or developmental conditions; and could benefit from the program. All children in the CMS State Child Health Insurance Program (SCHIP), Medicaid, and Safety Net (CMS), as well as referrals from the Nemours Children's Clinic, the Duval County School District, general pediatricians, and other health care providers, should be assessed for eligibility to enroll in the program.

Participants in the pilot program must be offered an assessment of their developmental, educational, and vocational achievement. The pilot program must work with participants and their families to plan for transition to college or to programs for adult educational and vocational rehabilitation. The pilot program must work with local educational and vocational entities to provide vocational counseling and training. The pilot program should develop partnerships with the community agencies listed above to support comprehensive transition planning and educational and vocational counseling services.

The pilot program shall include:

- A primary-care clinic in the University of Florida-Jacksonville Adult Ambulatory Care Center, which shall be staffed by a multidisciplinary team that includes a pediatrician and an internist, a nurse care coordinator, a transition specialist, and an insurance specialists;
- A network of adult medical and surgical specialists in the community and from the University of Florida-Jacksonville System who agree to treat the special needs of the program's participants;
- Comprehensive intake-evaluation and transition-planning services for participants which cover health care planning, assessment of educational needs, vocational preparation, referral to habilitative support services, assistance in securing insurance, and coordination of services across these areas;
- Coordination and collaboration with other agencies that are involved in providing services to adolescents and young adults who have special health care needs, including the ARC of Jacksonville, Hope Haven Clinic, Nemours Children's Clinic, the Duval County School District, the juvenile justice system, family support services, the foster care program of the Department of Children and Families Services, faith-based community programs, and the Duval County Health Department;

- Ongoing evaluation of patient satisfaction, disease self-management, and success in taking steps toward employment and health-related quality of life and other health-related outcomes; and
- Services that support the intellectual development and educational and vocational preparation of program participants.

Specified health services, educational and vocational services, and administrative services must be provided to participants by the Department of Internal Medicine at the University of Florida-Jacksonville, the Department of Pediatrics at the University of Florida-Jacksonville, the Nemours Children's Clinic, the Institute for Health, Policy and Evaluation Research within the Duval County Health Department, and other state and local entities.

C. SECTION DIRECTORY:

Section 1. Creates an unnumbered section of Florida Statute relating to the creation of the Jacksonville Health and Transition Services Pilot Program.

Section 2. Provides for a \$350,000 appropriation from General Revenue to Children's Medical Services to implement the provisions of the bill.

Section 3. Provides for an effective date of July 1, 2006

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The bill contains a \$350,000 appropriation from the General Revenue Fund to CMS for the purpose of paying startup and operation costs of the pilot program during the 2006-07 fiscal year. However, there are no estimates for the cost of services that must be provided under the pilot program by school districts, university medical schools, local county health departments, community colleges, technical and vocational schools, the Department of Juvenile Justice, the Department of Children and Families Services, and the Vocational Rehabilitation Agency.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The pilot program creates a number of administrative and service requirements for nonprofit agencies and health care providers who choose to participate. While CMS is provided an appropriation for initial startup costs to administer the pilot program, there is no specific appropriation for the activities required in the bill for private and non-profit entities. Although the exact amount is indeterminate at this time, it is estimated that substantial resources would be necessary to implement the provisions of the bill in the private sector.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill appears to require a number of private entities to participate in the development and implementation of the pilot program. It is unclear if the intent is to mandate these specific activities or if the pilot program should strive to develop collaborative agreements with the private entities to implement the program. If the intent is to mandate these activities, it is unclear how the bill can require these entities to perform these activities with no state funding.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES
Amendment No. 1

Bill No. **HB 1327**

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

Council/Committee hearing bill: Future of Florida's Families
Committee

Representative(s) D. Davis offered the following:

Amendment (with title amendment)

Between lines 26 and 27, insert:

(2) The pilot program, in consultation with Children's
Medical Services, shall develop collaborative partnerships with
the public and private entities specified in this section to
administer and implement the pilot program. Participation in the
program by such entities is voluntary. However, an entity that
participates in the program must comply with the requirements of
this section.

===== T I T L E A M E N D M E N T =====

On page 1, line 7, after the semicolon, insert:
providing for the development of collaborative partnerships with
certain entities;

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A bill to be entitled

An act relating to transition services for adolescents and young adults with disabilities; creating the Jacksonville Health and Transition Services Pilot Program; assigning the program for administrative purposes to Children's Medical Services in the Department of Health; providing purposes of the program; delineating the target population; describing participating service providers and the services that they are to provide; providing for the design and implementation of a comprehensive evaluation of the pilot program; providing an appropriation; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Jacksonville Health and Transition Services Pilot Program; creation; purposes; participating agencies and services provided; evaluation.--

(1) The Jacksonville Health and Transition Services Pilot Program is created for the purpose of assisting adolescents and young adults who have special needs relating to health care and educational and vocational services in making a smooth transition from the child health care and educational system to the adult health care system and to employment. For administrative purposes, the pilot program is located in Children's Medical Services in the Department of Health.

(2) The Department of Internal Medicine and the Department of Pediatrics at the University of Florida Jacksonville, in

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29 collaboration with Children's Medical Services and community
30 partners, including, but not limited to, ARC Jacksonville, Hope
31 Haven Children's Clinic and Family Center, the Spina Bifida
32 Association, and the Down Syndrome Association, shall develop
33 the pilot program. The primary care clinic for the program shall
34 be located in the Ambulatory Care Center on the University of
35 Florida/Shands Jacksonville campus.

36 (3) The target population for the pilot program comprises
37 adolescents and young adults with disabilities who are between
38 14 and 25 years of age, inclusive, reside in the North Central
39 area of Children's Medical Services of the Department of Health,
40 have chronic health-related or developmental conditions, and
41 could benefit from such a program. All children in the
42 Children's Medical Services State Child Health Insurance Program
43 (SCHIP), Medicaid, and Safety Net (Children's Medical Services),
44 as well as referrals from the Nemours Children's Clinic, the
45 Duval County School District, general pediatricians, and other
46 health care providers, shall be assessed for eligibility to
47 enroll in the program.

48 (4) Upon intake into the program, participants shall be
49 offered an assessment of their development and educational and
50 vocational achievement. The pilot program shall work with
51 participants and their families to plan for transition to
52 college or to programs for adult educational and vocational
53 rehabilitation. The program shall work with local school
54 systems, community colleges, technical centers, and community-
55 based agencies to provide vocational counseling and training.
56 The pilot program shall develop partnerships with community-

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57 based agencies as listed in subsection (2) to support
 58 comprehensive transition planning and educational and vocational
 59 counseling services.

60 (5) The pilot program shall include:

61 (a) A primary-care clinic in the Ambulatory Care Center on
 62 the University of Florida/Shands Jacksonville campus, which
 63 shall be staffed by a multidisciplinary team that includes a
 64 pediatrician and an internist, a nurse care coordinator, a
 65 transition specialist, and insurance specialists.

66 (b) A network of adult medical and surgical specialists
 67 from the community and from the University of Florida
 68 Jacksonville Health Care System who agree to treat the special
 69 needs of the adolescents and young adults who are being served
 70 in the pilot program.

71 (c) Comprehensive intake-evaluation and transition-
 72 planning services for adolescents and young adults and their
 73 families that cover health care planning, assessment of
 74 educational needs, vocational preparation, referral to
 75 habilitative support services, assistance in securing insurance,
 76 and coordination of services across these areas.

77 (d) Coordination and collaboration with other agencies
 78 that are involved in providing services to adolescents and young
 79 adults who have special health care needs, including ARC
 80 Jacksonville, Hope Haven Children's Clinic and Family Center,
 81 Nemours Children's Clinic, the Duval County School District, the
 82 juvenile justice system, family support services, the foster
 83 care program of the Department of Children and Family Services,
 84 faith-based community programs, and the Duval County Health

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Department.

(e) Ongoing evaluation of patient satisfaction, disease self-management, and success in taking steps toward employment and health-related quality of life and other health-related outcomes.

(f) Services that support the intellectual development and educational and vocational preparation of adolescents and young adults with disabilities who are enrolled in the program.

(6) Participating agencies and the health and social services that they shall provide include:

(a) The Department of Internal Medicine at the University of Florida Jacksonville, which shall:

1. Provide a primary care physician who shall serve as the co-medical director of the pilot program.

2. Work with both medical and surgical specialty services to facilitate specialty referrals of patients.

3. Provide administrative support to the pilot program, including, but not limited to, supervision of clinic staff, scheduling, and billing.

4. Allot clinic space for a multidisciplinary transition clinic, which shall initially operate at least once a week and shall expand as the demand increases.

5. Assign nursing and support staff to the clinic, including staff to implement an appointment system.

6. Maintain medical records and charts under the University of Florida/Shands Health Care System.

7. Make efforts to ensure that adolescents and young adults with disabilities participating in the pilot program,

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regardless of their funding source, shall continue to receive health care services, including primary and specialty outpatient medical services, medications, and laboratory services, until they reach their 26th birthday.

(b) The Department of Pediatrics at the University of Florida Jacksonville, which shall:

1. Provide a primary care pediatrician who shall serve as the co-medical director of the pilot program.

2. Work with pediatric specialty physicians to facilitate the transfer of adolescents and young adults with disabilities from pediatric health care specialists to adult health care specialists. The Department of Pediatrics shall contact pediatric specialists and determine what activities or supports are needed to transfer patients from pediatric specialty care to adult specialty care, such as the transfer of medical records and the provision of educational programs for adult specialists.

3. Encourage participation by the subspecialty pediatric physicians through the development of transition programs within each specialty area to prepare patients and their families for participation in the pilot program.

4. Identify and refer adolescents and young adults and their families who are candidates for the pilot program.

(c) The Nemours Children's Clinic, which shall:

1. Encourage participation by the subspecialty pediatric physicians through the development of transition programs within each specialty area to prepare adolescents and young adults with disabilities and their families for participation in the pilot program.

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2. Identify and refer adolescents and young adults and their families who are candidates for the pilot program.

3. Provide in-kind support for care coordination and specialized transitional services.

(d) The Institute for Health, Policy and Evaluation Research within the Duval County Health Department, which shall provide the design and implementation of a comprehensive evaluation of the pilot program that includes an assessment of the service-oriented process and patient and family-oriented outcome measures. The Institute for Health, Policy and Evaluation Research shall also conduct a longitudinal study to determine whether the adolescents and young adults with disabilities who participate in this pilot program are more successful than the adolescents and young adults with disabilities who are not associated with the program but receive assistance with vocational rehabilitation only.

(e) Hope Haven Children's Clinic and Family Center, Nemours Children's Clinic, ARC Jacksonville, the Duval County School District, the Florida Community College of Jacksonville, the Division of Vocational Rehabilitation of the Department of Education, and other groups, which shall develop a comprehensive educational and vocational transition program that shall be offered to adolescents and young adults with disabilities in the program. The transition specialists in these agencies shall identify, to the greatest extent feasible, all adolescents and young adults with disabilities in the district and refer them to the program.

Section 2. The sum of \$350,000 is appropriated from the

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169 | General Revenue Fund to Children's Medical Services in the
 170 | Department of Health for the purpose of paying startup and
 171 | operation costs of the Jacksonville Health and Transition
 172 | Services Pilot Program during the 2006-2007 fiscal year.

173 | Section 3. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1365 Florida Healthy Kids Corporation Act
SPONSOR(S): Davis, M. and others
TIED BILLS: None. **IDEN./SIM. BILLS:** SB 2050

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Future of Florida's Families Committee		Davis <i>MD</i>	Collins <i>JSC</i>
2) Health Care Appropriations Committee			
3) Health & Families Council			
4) _____			
5) _____			

SUMMARY ANALYSIS

HB 1365 amends the Florida Healthy Kids Corporation Act (FHKC) by removing the eligibility criteria presently used to determine which non-Title XXI children are eligible for state and local funded assistance in paying health insurance premiums under the Healthy Kids program. The effect of this change would be to reopen non-Title XXI enrollment under the program. The bill changes the method for calculating the voluntary local county match contributions received by the FHKC to subsidize the premium for non-Title XXI eligible children. The bill proposes that the FHKC calculate a county's local match rate based on the county's enrollment of non-Title XXI eligible children as of March 1, 2004, and requires that a county's local match contribution shall not exceed 30 percent of the monthly premium for the county's non-Title XXI enrollment, after the family premium is deducted, and the remaining 70 percent shall be taken from the General Appropriations Act. The legislation provides FHKC with authority to apply any unspent local match contributions at the end of the fiscal year to the county's local match obligation for the next year. The bill also changes the due date (from May 1 to June 1) that the FHKC must provide written annual notification to the local entities of their local match contribution amounts under the Healthy Kids program.

See Fiscal Comments section of bill analysis for fiscal impact information.

The bill shall take effect on July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Empower Families: This bill strengthens families as eligibility criteria are expanded for the Florida KidCare program.

B. EFFECT OF PROPOSED CHANGES:

BACKGROUND

The Florida KidCare Program

The State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act is a federal/state partnership, which provides insurance to uninsured children under age 19 whose family income is above Medicaid limits, but at or below 200 percent of the Federal Poverty Level (FPL). Under SCHIP, the federal government provides a capped amount of funds to states on a matching basis.¹ SCHIP expands insurance coverage for low-income children who do not qualify for Medicaid. Florida's SCHIP eligible children are served in the Florida KidCare Program.

Florida KidCare was created in 1998 to provide health benefits to uninsured children through either SCHIP or Medicaid. The statutory framework for KidCare is delineated in sections 409.810 through 409.821, Florida Statutes. KidCare has four components each with its own eligibility standards:

- Medicaid:
 - Birth to age 1, with family incomes up to 200 percent of the FPL.
 - Ages 1 through 5, with family incomes up to 133 percent of the FPL.
 - Ages 6 through 18, with family incomes up to 100 percent of the FPL.
 - Ages 19 through 20, with family incomes up to 24 percent of the FPL.
 - Total enrollment 1,244,304.
- Medikids:
 - Children ages 1 through 4 with family incomes above 133 percent up to 200 percent of the FPL.
 - Total enrollment: 15,980.
- Healthy Kids:
 - Children age 5, with family incomes above 133 percent up to 200 percent of the FPL.
 - Children age 6 through 18, with family incomes above 100 percent up to 200 percent of the FPL.
 - A limited number of children who have family incomes above 200 percent of the FPL are enrolled in the unsubsidized full-pay option in which the family pays the entire cost of the premium, including administrative costs.
 - Total enrollment: 187,212.
- Children's Medical Services (CMS) Network:
 - Children ages birth through age 18 who have serious health care problems. For Title XXI-funded eligible children with special health care needs, the CMS Network receives a capitation payment from the Agency for Health Care Administration to provide services for them. For children who do not qualify for Title XIX- or Title XXI- funded coverage, services are limited and subject to the availability of funds.
 - Total enrollment 8,118.

¹ The federal allocation for FY 05/06 is \$249,329,871 and the federal matching rate is 71.22%.

2006 Federal Poverty Level

Persons in Family or Household	100%	200%
1	\$ 9,800	19,600
2	13,200	26,400
3	16,600	33,200
4	20,000	40,000
5	23,400	46,800

The Agency for Health Care Administration (AHCA) administers Medicaid and Medikids. AHCA is also the lead state agency for the federally funded portion of the KidCare Program. The Florida Healthy Kids Corporation (FHKC), pursuant to a contract with AHCA, administers the Healthy Kids component. FHKC's responsibilities include eligibility determination, collection of premiums, contracting with authorized insurers, and the development of benefit packages. CMS is under the Department of Health and administers the CMS Network. For Title XXI-funded children with special health care needs, the CMS Network receives a capitated payment from the Agency for Health Care Administration of approximately \$518.00 per child, per month. Children's Medical Services also administers a state-funded "Safety Net" program for children who do not qualify for Title XIX- or Title XXI-funded coverage, but services are limited and subject to the availability of funds.

Section 409.814(5), Florida Statutes, allows a child whose family income is above 200 percent of the FPL or a child that is not eligible for premium assistance as delineated in statute² to participate in Medikids and Healthy Kids if the family pays the full premium without any premium assistance. In practice, only Healthy Kids has enrolled children from these families. The Healthy Kids full-pay premium is \$110 per child per month. Medikids has not enrolled children from these. Current law limits the participation of families with income above 200 percent of the FPL to no more than 10 percent of total enrollees in the Medikids or Healthy Kids program to avoid adverse selection.³ Section 409.814(5), Florida Statutes, excludes the Medicaid component of KidCare from the full-pay provision.

There are 15,980 children currently enrolled in Medikids according to the KidCare enrollment report for March 2006. Therefore, the 10 percent cap on full-pay enrollees would limit the number of full-pays in Medikids to 1,598 children.

The differences in the eligibility criteria and ability to offer a full-pay premium option for families with incomes above 200 percent of FPL, has created the potential for confusion. Families may find that they can insure one child but not the other.

Section 624.91(3), F.S., establishes eligibility criteria for state-funded premium assistance in the Healthy Kids program. The following categories are eligible for state-funded premium assistance:

²Section 409.814(4), F.S., also excludes from premium assistance under KidCare the following children unless they are eligible for Medicaid:

- (a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state.
- (b) A child who is currently eligible for or covered under a family member's group health benefit plan or under other employer health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91, provided that the cost of the child's participation is not greater than 5 percent of the family's income. This provision shall be applied during redetermination for children who were enrolled prior to July 1, 2004. These enrollees shall have 6 months of eligibility following redetermination to allow for a transition to the other health benefit plan.
- (c) A child who is seeking premium assistance for the Florida KidCare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the program.
- (d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.
- (e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.
- (f) A child who has had his or her coverage in an employer-sponsored health benefit plan voluntarily canceled in the last 6 months, except those children who were on the waiting list prior to March 12, 2004.
- (g) A child who is otherwise eligible for KidCare and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (b) which would have disqualified the child for KidCare if the child were able to enroll in the plan shall be eligible for KidCare coverage when enrollment is possible.

³ Adverse selection occurs when too many children who are likely to incur high medical costs join the same health insurance plan. Adverse selection can cause what insurers refer to as a "death spiral." As more sick children join, the health insurance plan must raise premiums to cover cost. As premiums increase, families with healthier children leave to join less costly plans. The plan is left with only sick children and has difficulty spreading risk to cover their cost and ultimately may fail.

- Residents of Florida who are eligible for the Florida KidCare program pursuant to s. 409.814, F.S.
- Legal aliens, who were enrolled in the Healthy Kids program as of January 31, 2004, and who, because of their alien status, i.e., are not "qualified aliens," do not qualify for Title XXI federal funds.
- Individuals who turned 19 as of March 31, 2004, who were receiving Healthy Kids coverage prior to the enactment of the Florida KidCare program. This provision is repealed March 31, 2005.
- Dependents of state employees who were enrolled in the Healthy Kids program as of January 31, 2004. Such dependents remain eligible until January 1, 2005.

Effect

The bill amends s. 624.91(3), F.S., and removes the eligibility criteria currently used to determine which non-Title XXI children are eligible for state and local funded assistance in paying health insurance premiums under the Healthy Kids program. The bill amends s. 624.91(4), F.S., to remove the authority of the Florida Healthy Kids Corporation to annually establish a local match policy for the enrollment of non-Title XXI eligible children in the Healthy Kids program. The bill provides that the Corporation must calculate a county's local match rate based upon that county's enrollment of non-Title XXI eligible children as of March 1, 2004. The local match county contribution must not exceed 30 percent of the monthly premium after the family premium is deducted, and 70 percent of the remaining premium is to be taken from the General Appropriations Act. The legislation provides FHKC with authority to apply any unspent local match contributions at the end of the fiscal year to the county's local match obligation for the next year. The bill also changes the due date (from May 1 to June 1) that the FHKC must provide written notification annually to the local entities of their local match contribution amounts under the Healthy Kids program.

According to representatives with the Florida Healthy Kids program and AHCA, removing the non-Title XXI eligibility criteria under the Healthy Kids program could be interpreted as expanding the opportunity for non-Title XXI children to receive Healthy Kids coverage. Under s. 624.91(2)(b), F.S., it is the intent of the FHKC to provide coverage to children not eligible for federal matching Title XXI funds. The largest category affected under the bill would be legal aliens who do not qualify for Title XXI federal funds because of their alien status, according to AHCA representatives. By removing the current qualification that these children had to have been enrolled in Healthy Kids prior to January 31, 2004, the bill would allow children who have moved to Florida since February 1, 2004, or have become uninsured, the opportunity to receive Healthy Kids coverage. Also, children from families with incomes within 200 percent of the federal poverty level, but who do not meet all of the other technical eligibility factors, would be able to apply for subsidized state coverage.

Changing the method for calculating the amount of the counties' voluntary local match amount to no more than 30 percent of the monthly premium after the family premium is deducted, could provide an equitable method for determining the counties' contribution. However, according to officials with the FHKC, basing these calculations on non-Title XXI enrollment as of March 1, 2004 in every county does not recognize any changes in actual costs since that date. Further, since enrollment of non-Title XXI children has significantly dropped by almost 10,000 children since March 1, 2004 (13,703 to 3,841 children), using this benchmark date would prove to be costly to counties.

Providing the FHKC with the authority to apply unspent local contributions to the next year's obligation will ensure the counties that their contributions are spent on providing subsidized coverage to non-Title XXI children, either for the current year or the subsequent year. Also, changing the due date from May 1st to June 1st would provide the FHKC sufficient time after the Legislative session ends, in early May, to factor in policy changes and budget requirements when determining the correct local match amounts.

C. SECTION DIRECTORY:

Section 1. Amends s. 624.91, F.S., and removes the eligibility criteria currently used to determine which non-Title XXI children are eligible for state and local funded assistance in paying health insurance premiums under the Healthy Kids program.

Section 2. Amends s. 409.814, F.S., to remove a statutory reference to s. 624.91(3), F.S., which is removed under this legislation.

Section 3. Provides that the act shall take effect July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See Fiscal Comments section.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Non-Title XXI children not currently in the Healthy Kids program would benefit under the provisions of this bill because such children could receive benefits under the program.

D. FISCAL COMMENTS:

Representatives with the staff of the FHKC estimate that the fiscal impact of this bill is as set forth below, assuming that new enrollment of non-Title XXI children reaches the same level of enrollment as of March 1, 2004.

ENROLLMENT RETURNED TO MARCH 1, 2004 LEVEL

Projected Expenditures if Enrollment at March 1, 2004 levels (Annualized)

March 1, 2004 Non-Title XXI Enrollment:	13,703	
Member Months:	164,436	
Estimated Medical Per Member Per Month:		\$105.20
Estimated Dental Per Member Per Month:		\$11.59
Estimated Admin. Per Member Per Month:		\$5.82
TOTAL AMOUNT Per Member Per Month:		\$122.61
TOTAL COSTS:		\$20,161,497.96

LESS FAMILY PREMIUMS:

\$1,442,104.00

NET COSTS TO COVER:

\$18,719,394.24

Local Match -- 30%

\$5,615,818.27

State Match -- 70%

\$13,103,575.97

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not provide rulemaking authority to FHKC.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

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Bill No. **HB 1365**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Future of Florida's Families
Committee

Representative(s) M. Davis offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 409.811, Florida Statutes, is amended
to read:

409.811 Definitions relating to Florida KidCare Act.--As
used in ss. 409.810-409.820, the term:

(1) "Actuarially equivalent" means that:

(a) The aggregate value of the benefits included in health
benefits coverage is equal to the value of the benefits in the
benchmark benefit plan; and

(b) The benefits included in health benefits coverage are
substantially similar to the benefits included in the benchmark
benefit plan, except that preventive health services must be the
same as in the benchmark benefit plan.

(2) "Agency" means the Agency for Health Care
Administration.

(3) "Applicant" means a parent or guardian of a child or a
child whose disability of nonage has been removed under chapter

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743, who applies for determination of eligibility for health benefits coverage under ss. 409.810-409.820.

(4) "Benchmark benefit plan" means the form and level of health benefits coverage established in s. 409.815.

(5) "Child" means any person under 19 years of age.

(6) "Child with special health care needs" means a child whose serious or chronic physical or developmental condition requires extensive preventive and maintenance care beyond that required by typically healthy children. Health care utilization by such a child exceeds the statistically expected usage of the normal child adjusted for chronological age, and such a child often needs complex care requiring multiple providers, rehabilitation services, and specialized equipment in a number of different settings.

(7) "Children's Medical Services Network" or "network" means a statewide managed care service system as defined in s. 391.021(1).

(8) "Community rate" means a method used to develop premiums for a health insurance plan that spreads financial risk across a large population and allows adjustments only for age, gender, family composition, and geographic area.

(9) "Department" means the Department of Health.

(10) "Enrollee" means a child who has been determined eligible for and is receiving coverage under ss. 409.810-409.820.

(11) "Enrollment ceiling" means the maximum number of children receiving premium assistance payments, excluding children enrolled in Medicaid, that may be enrolled at any time in the Florida KidCare program. The maximum number shall be established annually in the General Appropriations Act or by general law.

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(12) "Family" means the group or the individuals whose income is considered in determining eligibility for the Florida KidCare program. The family includes a child with a custodial parent or caretaker relative who resides in the same house or living unit or, in the case of a child whose disability of nonage has been removed under chapter 743, the child. The family may also include other individuals whose income and resources are considered in whole or in part in determining eligibility of the child.

(13) "Family income" means cash received at periodic intervals from any source, such as wages, benefits, contributions, or rental property. Income also may include any money that would have been counted as income under the Aid to Families with Dependent Children (AFDC) state plan in effect prior to August 22, 1996.

(14) "Florida KidCare program," "KidCare program," or "program" means the health benefits program administered through ss. 409.810-409.820.

(15) "Guarantee issue" means that health benefits coverage must be offered to an individual regardless of the individual's health status, preexisting condition, or claims history.

(16) "Health benefits coverage" means protection that provides payment of benefits for covered health care services or that otherwise provides, either directly or through arrangements with other persons, covered health care services on a prepaid per capita basis or on a prepaid aggregate fixed-sum basis.

(17) "Health insurance plan" means health benefits coverage under the following:

(a) A health plan offered by any certified health maintenance organization or authorized health insurer, except a plan that is limited to the following: a limited benefit,

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specified disease, or specified accident; hospital indemnity; accident only; limited benefit convalescent care; Medicare supplement; credit disability; dental; vision; long-term care; disability income; coverage issued as a supplement to another health plan; workers' compensation liability or other insurance; or motor vehicle medical payment only; or

(b) An employee welfare benefit plan that includes health benefits established under the Employee Retirement Income Security Act of 1974, as amended.

(18) "Healthy Kids" means a component of the Florida KidCare program of medical assistance for children 5 through 18 years of age as authorized under s. 624.91 and administered by the Florida Healthy Kids Corporation.

(19) "Maximum income threshold" means a percentage of the current federal poverty level used to determine eligibility for certain program components, as approved by federal waiver or an amendment to the state plan.

(20)~~(18)~~ "Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, and regulations thereunder, and ss. 409.901-409.920, as administered in this state by the agency.

(21)~~(19)~~ "Medically necessary" means the use of any medical treatment, service, equipment, or supply necessary to palliate the effects of a terminal condition, or to prevent, diagnose, correct, cure, alleviate, or preclude deterioration of a condition that threatens life, causes pain or suffering, or results in illness or infirmity and which is:

(a) Consistent with the symptom, diagnosis, and treatment of the enrollee's condition;

(b) Provided in accordance with generally accepted standards of medical practice;

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(c) Not primarily intended for the convenience of the enrollee, the enrollee's family, or the health care provider;

(d) The most appropriate level of supply or service for the diagnosis and treatment of the enrollee's condition; and

(e) Approved by the appropriate medical body or health care specialty involved as effective, appropriate, and essential for the care and treatment of the enrollee's condition.

~~(22)-(20)~~ "Medikids" means a component of the Florida KidCare program of medical assistance authorized by ~~Title XXI of the Social Security Act, and regulations thereunder, and s.~~ 409.8132, as administered in the state by the agency.

~~(23)-(21)~~ "Preexisting condition exclusion" means, with respect to coverage, a limitation or exclusion of benefits relating to a condition based on the fact that the condition was present before the date of enrollment for such coverage, whether or not any medical advice, diagnosis, care, or treatment was recommended or received before such date.

~~(24)-(22)~~ "Premium" means the entire cost of a health insurance plan, including the administration fee or the risk assumption charge.

~~(25)-(23)~~ "Premium assistance payment" means the monthly consideration paid by the agency per enrollee in the Florida KidCare program towards health insurance premiums.

~~(26)-(24)~~ "Qualified alien" means an alien as defined in s. 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, as amended, Pub. L. No. 104-193.

~~(27)-(25)~~ "Resident" means a United States citizen, or qualified alien, who is domiciled in this state.

~~(28)-(26)~~ "Rural county" means a county having a population density of less than 100 persons per square mile, or a county defined by the most recent United States Census as rural, in

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which there is no prepaid health plan participating in the Medicaid program as of July 1, 1998.

~~(29)~~ ~~(27)~~ "Substantially similar" means that, with respect to additional services as defined in s. 2103(c)(2) of Title XXI of the Social Security Act, these services must have an actuarial value equal to at least 75 percent of the actuarial value of the coverage for that service in the benchmark benefit plan and, with respect to the basic services as defined in s. 2103(c)(1) of Title XXI of the Social Security Act, these services must be the same as the services in the benchmark benefit plan.

Section 2. Subsections (6) and (7) of section 409.8132, Florida Statutes, are amended to read:

409.8132 Medikids program component.--

(6) ELIGIBILITY.--

(a) A child who has attained the age of 1 year but who is under the age of 5 years is eligible to enroll in the Medikids program component of the Florida KidCare program, if the child is a member of a family that has a family income which exceeds the Medicaid applicable income level as specified in s. 409.903, but which is equal to or below the maximum income threshold 200 ~~percent of the current federal poverty level~~. In determining the eligibility of ~~such~~ a child, an assets test is not required. A child who is eligible for Medikids may elect to enroll in Florida Healthy Kids coverage or employer-sponsored group coverage. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

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(b) The provisions of s. 409.814(3), (4), ~~and (5), and (6)~~ are ~~shall be~~ applicable to the Medikids program.

(7) ENROLLMENT.--Enrollment in the Medikids program component may occur at any time throughout the year. A child may not receive services under the Medikids program until the child is enrolled in a managed care plan or MediPass. Once determined eligible, an applicant may receive choice counseling and select a managed care plan or MediPass. The agency may initiate mandatory assignment for a Medikids applicant who has not chosen a managed care plan or MediPass provider after the applicant's voluntary choice period ends. An applicant may select MediPass under the Medikids program component only in counties that have fewer than two managed care plans available to serve Medicaid recipients and only if the federal Centers for Medicare and Medicaid Services ~~Health Care Financing Administration~~ determines that MediPass constitutes "health insurance coverage" as defined in Title XXI of the Social Security Act.

Section 3. Subsection (2) of section 409.8134, Florida Statutes, is amended to read:

409.8134 Program enrollment and expenditure ceilings.--

(2) The Florida KidCare program may conduct enrollment at any time throughout the year for the purpose of enrolling children eligible for all program components listed in s. 409.813 except Medicaid. The four Florida KidCare administrators shall work together to ensure that the year-round enrollment period is announced statewide. Eligible children shall be enrolled on a first-come, first-served basis using the date the enrollment application is received. Enrollment shall immediately cease when the enrollment ceiling is reached. Year-round enrollment shall only be held if the Social Services Estimating Conference determines that sufficient ~~federal and state funds~~

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will be available to finance the increased enrollment ~~through~~
~~federal fiscal year 2007~~. Any individual who is not enrolled
must reapply by submitting a new application. The application
for the Florida KidCare program is ~~shall be~~ valid for a period
of 120 days after the date it was received. At the end of the
120-day period, if the applicant has not been enrolled in the
program, the application is ~~shall be~~ invalid and the applicant
shall be notified of the action. The applicant may resubmit the
application after notification of the action taken by the
program. Except for the Medicaid program, whenever the Social
Services Estimating Conference determines that there are
presently, or will be by the end of the current fiscal year,
insufficient funds to finance the current or projected
enrollment in the Florida KidCare program, all additional
enrollment must cease and additional enrollment may not resume
until sufficient funds are available to finance the ~~such~~
enrollment.

Section 4. Section 409.814, Florida Statutes, is amended
to read:

409.814 Eligibility.--A child who has not reached 19 years
of age whose family income is equal to or below the maximum
income threshold ~~200 percent of the federal poverty level~~ is
eligible for the Florida KidCare program as provided in this
section. For enrollment in the Children's Medical Services
Network, a complete application includes the medical or
behavioral health screening. If, subsequently, an individual is
determined to be ineligible for coverage, he or she must
immediately be disenrolled from the respective Florida KidCare
program component.

(1) A child who is eligible for Medicaid coverage under s.
409.903 or s. 409.904 must be enrolled in Medicaid and is not

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eligible to receive health benefits under any other health benefits coverage authorized under the Florida KidCare program.

(2) A child who is not eligible for Medicaid, but who is eligible for the Florida KidCare program, may obtain health benefits coverage under any of the other components listed in s. 409.813 if such coverage is approved and available in the county in which the child resides. However, a child who is eligible for Medikids may participate in the Florida Healthy Kids program only if the child has a sibling participating in the Florida Healthy Kids program and the child's county of residence permits such enrollment.

(3) A child who is eligible for the Florida KidCare program who is a child with special health care needs, as determined through a medical or behavioral screening instrument, is eligible for health benefits coverage from and shall be referred to the Children's Medical Services Network.

(4) The following children are not eligible to receive federal premium assistance for health benefits coverage under the Florida KidCare program, except under Medicaid if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

(a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state.

(b) A child who is currently eligible for or covered under a family member's group health benefit plan or under other employer health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91, provided that the cost of the child's participation is not greater than 5 percent of the family's income. This provision shall be applied during redetermination for children

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who were enrolled prior to July 1, 2004. These enrollees shall have 6 months of eligibility following redetermination to allow for a transition to the other health benefit plan.

(c) A child who is seeking premium assistance for the Florida KidCare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the program.

(d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.

(e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.

(f) A child who has had his or her coverage in an employer-sponsored health benefit plan voluntarily canceled in the last 6 months, except those children who were on the waiting list prior to March 12, 2004.

(g) A child who is otherwise eligible for KidCare and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (b) which would have disqualified the child for KidCare if the child were able to enroll in the plan shall be eligible for KidCare coverage when enrollment is possible.

(5) Subject to a specific appropriation for this purpose, the following children are eligible to receive nonfederal premium assistance for health benefits coverage under the Florida KidCare program, except under Medicaid, if the child would have been eligible for Medicaid under s. 409.903 or s. 409.904 as of June 1, 1997:

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299 (a) A child who is eligible for coverage under a state
300 health benefit plan on the basis of a family member's employment
301 with a public agency in the state.

302 (b) A child who is an alien, but who does not meet the
303 definition of qualified alien, in the United States.

304 (6)(5) A child whose family income is above the maximum
305 income threshold ~~200 percent of the federal poverty level~~ or a
306 child who is excluded under the provisions of subsection (4) may
307 participate in the Florida KidCare program, excluding the
308 Medicaid program, but is subject to the following provisions:

309 (a) The family is not eligible for premium assistance
310 payments and must pay the full cost of the premium, including
311 any administrative costs.

312 (b) The agency is authorized to place limits on enrollment
313 in Medikids by these children in order to avoid adverse
314 selection. The number of children participating in Medikids
315 whose family income exceeds the maximum income threshold ~~200~~
316 ~~percent of the federal poverty level~~ must not exceed 10 percent
317 of total enrollees in the Medikids program.

318 (c) The board of directors of the Florida Healthy Kids
319 Corporation is authorized to place limits on enrollment of these
320 children in order to avoid adverse selection. In addition, the
321 board is authorized to offer a reduced benefit package to these
322 children in order to limit program costs for such families. The
323 number of children participating in the Florida Healthy Kids
324 program whose family income exceeds the maximum income threshold
325 ~~200 percent of the federal poverty level~~ must not exceed 10
326 percent of total enrollees in the Florida Healthy Kids program.

327 (d) Children described in this subsection are not counted
328 in the annual enrollment ceiling for the Florida KidCare
329 program.

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330 (7)~~(6)~~ Once a child is enrolled in the Florida KidCare
331 program, the child is eligible for coverage under the program
332 for 12 months without a redetermination or reverification of
333 eligibility, if the family continues to pay the applicable
334 premium. Eligibility for program components funded through Title
335 XXI of the Social Security Act shall terminate when a child
336 attains the age of 19. Effective January 1, 1999, a child who
337 has not attained the age of 5 and who has been determined
338 eligible for the Medicaid program is eligible for coverage for
339 12 months without a redetermination or reverification of
340 eligibility.

341 (8)~~(7)~~ When determining or reviewing a child's eligibility
342 under the Florida KidCare program, the applicant shall be
343 provided with reasonable notice of changes in eligibility which
344 may affect enrollment in one or more of the program components.
345 When a transition from one program component to another is
346 authorized, there shall be cooperation between the program
347 components and the affected family which promotes continuity of
348 health care coverage. Any authorized transfers must be managed
349 within the program's overall appropriated or authorized levels
350 of funding. Each component of the program shall establish a
351 reserve to ensure that transfers between components will be
352 accomplished within current year appropriations. These reserves
353 shall be reviewed by each convening of the Social Services
354 Estimating Conference to determine the adequacy of such reserves
355 to meet actual experience.

356 (9)~~(8)~~ In determining the eligibility of a child, an
357 assets test is not required. Each applicant shall provide
358 written documentation during the application process and the
359 redetermination process, including, but not limited to, the
360 following:

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(a) Proof of family income, which must include a copy of the applicant's most recent federal income tax return. In the absence of a federal income tax return, an applicant may submit wages and earnings statements (pay stubs), W-2 forms, or other appropriate documents.

(b) A statement from all family members that:

1. Their employer does not sponsor a health benefit plan for employees; or

2. The potential enrollee is not covered by the employer-sponsored health benefit plan because the potential enrollee is not eligible for coverage, or, if the potential enrollee is eligible but not covered, a statement of the cost to enroll the potential enrollee in the employer-sponsored health benefit plan.

~~(10)(9)~~ Subject to paragraph (4)(b) and s. 624.91(3), the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

~~(11)(10)~~ The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare

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program when the applicant knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the individual knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

Section 5. Subsection (3) of section 409.816, Florida Statutes, is amended to read:

409.816 Limitations on premiums and cost-sharing.--The following limitations on premiums and cost-sharing are established for the program.

(3) Enrollees in families with a family income above 150 percent of the federal poverty level, who are not receiving coverage under the Medicaid program or who are not eligible under s. 409.814(6) ~~s. 409.814(5)~~, may be required to pay enrollment fees, premiums, copayments, deductibles, coinsurance, or similar charges on a sliding scale related to income, except that the total annual aggregate cost-sharing with respect to all children in a family may not exceed 5 percent of the family's income. However, copayments, deductibles, coinsurance, or similar charges may not be imposed for preventive services, including well-baby and well-child care, age-appropriate immunizations, and routine hearing and vision screenings.

Section 6. Subsection (3) of section 409.818, Florida Statutes, is amended to read:

409.818 Administration.--In order to implement ss. 409.810-409.820, the following agencies shall have the following duties:

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(3) The Agency for Health Care Administration, under the authority granted in s. 409.914(1), shall:

(a) Calculate the premium assistance payment necessary to comply with the premium and cost-sharing limitations specified in s. 409.816. The premium assistance payment for each enrollee in a health insurance plan participating in the Florida Healthy Kids Corporation shall equal the premium approved by the Florida Healthy Kids Corporation and the Office of Insurance Regulation of the Financial Services Commission pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. The premium assistance payment for each enrollee in an employer-sponsored health insurance plan approved under ss. 409.810-409.820 shall equal the premium for the plan adjusted for any benchmark benefit plan actuarial equivalent benefit rider approved by the Office of Insurance Regulation pursuant to ss. 627.410 and 641.31, less any enrollee's share of the premium established within the limitations specified in s. 409.816. In calculating the premium assistance payment levels for children with family coverage, the agency shall set the premium assistance payment levels for each child proportionately to the total cost of family coverage.

(b) Annually calculate the program enrollment ceiling based on estimated per child premium assistance payments and the estimated appropriation available for the program.

(c) Make premium assistance payments to health insurance plans on a periodic basis. The agency may use its Medicaid fiscal agent or a contracted third-party administrator in making these payments. The agency may require health insurance plans that participate in the Medikids program or employer-sponsored group health insurance to collect premium payments from an

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enrollee's family. Participating health insurance plans shall report premium payments collected on behalf of enrollees in the program to the agency in accordance with a schedule established by the agency.

(d) Monitor compliance with quality assurance and access standards developed under s. 409.820.

(e) Establish a mechanism for investigating and resolving complaints and grievances from program applicants, enrollees, and health benefits coverage providers, and maintain a record of complaints and confirmed problems. In the case of a child who is enrolled in a health maintenance organization, the agency must use the provisions of s. 641.511 to address grievance reporting and resolution requirements.

(f) Approve health benefits coverage for participation in the program, following certification by the Office of Insurance Regulation under subsection (4).

(g) Adopt rules necessary for calculating premium assistance payment levels, calculating the program enrollment ceiling, making premium assistance payments, monitoring access and quality assurance standards, investigating and resolving complaints and grievances, administering the Medikids program, and approving health benefits coverage.

The agency is designated the lead state agency for Title XXI of the Social Security Act for purposes of receipt of federal funds, for reporting purposes, and for ensuring compliance with federal and state regulations and rules. The agency shall seek approval from the federal Centers for Medicare and Medicaid Services for the highest maximum income threshold of up to 300 percent of the most recently stated federal poverty limit. Until the federal agency approves the request, the maximum income

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threshold used for the Florida KidCare program shall be 200 percent of the most recently stated federal poverty limit or the highest income threshold allowed under current federal law. Any such expansion under this subsection is subject to a specified appropriation for such purpose.

Section 7. Section 409.821, Florida Statutes, is amended to read:

409.821 Florida KidCare program public records exemption.-
-Notwithstanding any other law to the contrary, any information identifying a Florida KidCare program applicant or enrollee, as defined in s. 409.811, held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Such information may be disclosed to another governmental entity only if disclosure is necessary for the entity to perform its duties and responsibilities under the Florida KidCare program and shall be disclosed to the Department of Revenue for purposes of administering the state Title IV-D program. The receiving governmental entity must maintain the confidential and exempt status of such information. Furthermore, such information may not be released to any person without the written consent of the program applicant. This exemption applies to any information identifying a Florida KidCare program applicant or enrollee held by the Agency for Health Care Administration, the Department of Children and Family Services, the Department of Health, or the Florida Healthy Kids Corporation before, on, or after the effective date of this exemption. A violation of this section is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. This section does not prohibit an

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enrollee's parent or legal guardian from obtaining confirmation of coverage and dates of coverage.

Section 8. Subsections (3) and (5) of section 624.91, Florida Statutes, are amended to read:

624.91 The Florida Healthy Kids Corporation Act.--

(3) ELIGIBILITY FOR NONFEDERAL STATE FUNDED ASSISTANCE.--
Only residents of this state between 5 and 18 years of age who meet the qualifications for the Florida KidCare program under s. 409.814 are eligible for nonfederal assistance in the Florida Healthy Kids program. ~~the following individuals are eligible for state-funded assistance in paying Florida Healthy Kids premiums:~~

~~(a) Residents of this state who are eligible for the Florida KidCare program pursuant to s. 409.814.~~

~~(b) Notwithstanding s. 409.814, legal aliens who are enrolled in the Florida Healthy Kids program as of January 31, 2004, who do not qualify for Title XXI federal funds because they are not qualified aliens as defined in s. 409.811.~~

~~(c) Notwithstanding s. 409.814, individuals who have attained the age of 19 as of March 31, 2004, who were receiving Florida Healthy Kids benefits prior to the enactment of the Florida KidCare program. This paragraph shall be repealed March 31, 2005.~~

~~(d) Notwithstanding s. 409.814, state employee dependents who were enrolled in the Florida Healthy Kids program as of January 31, 2004. Such individuals shall remain eligible until January 1, 2005.~~

(5) CORPORATION AUTHORIZATION, DUTIES, PROMOTION, POWERS.--

-

(a) There is created the Florida Healthy Kids Corporation, a not-for-profit corporation.

(b) The Florida Healthy Kids Corporation shall:

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546 1. Arrange for the collection of any family, local
547 contributions, or employer payment or premium, in an amount to
548 be determined by the board of directors, to provide for payment
549 of premiums for comprehensive insurance coverage and for the
550 actual or estimated administrative expenses.

551 ~~2. Arrange for the collection of any voluntary~~
552 ~~contributions to provide for payment of premiums for children~~
553 ~~who are not eligible for medical assistance under Title XXI of~~
554 ~~the Social Security Act. Each fiscal year, the corporation shall~~
555 ~~establish a local match policy for the enrollment of non Title~~
556 ~~XXI-eligible children in the Healthy Kids program. By May 1 of~~
557 ~~each year, the corporation shall provide written notification of~~
558 ~~the amount to be remitted to the corporation for the following~~
559 ~~fiscal year under that policy. Local match sources may include,~~
560 ~~but are not limited to, funds provided by municipalities,~~
561 ~~counties, school boards, hospitals, health care providers,~~
562 ~~charitable organizations, special taxing districts, and private~~
563 ~~organizations. The minimum local match cash contributions~~
564 ~~required each fiscal year and local match credits shall be~~
565 ~~determined by the General Appropriations Act. The corporation~~
566 ~~shall calculate a county's local match rate based upon that~~
567 ~~county's percentage of the state's total non Title XXI~~
568 ~~expenditures as reported in the corporation's most recently~~
569 ~~audited financial statement. In awarding the local match~~
570 ~~credits, the corporation may consider factors including, but not~~
571 ~~limited to, population density, per capita income, and existing~~
572 ~~child health-related expenditures and services.~~

573 2.3- Subject to the provisions of s. 409.8134, accept
574 voluntary supplemental local match contributions that comply
575 with the requirements of Title XXI of the Social Security Act

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for the purpose of providing additional coverage in contributing counties under Title XXI.

~~3.4.~~ Establish the administrative and accounting procedures for the operation of the corporation.

~~4.5.~~ Establish, with consultation from appropriate professional organizations, standards for preventive health services and providers and comprehensive insurance benefits appropriate to children, provided that the ~~such~~ standards for rural areas do ~~shall~~ not limit primary care providers to board-certified pediatricians.

~~5.6.~~ Determine eligibility for children seeking to participate in the ~~Title XXI funded components of the~~ Florida KidCare program consistent with the requirements specified in s. 409.814, ~~as well as the non Title XXI eligible children as provided in subsection (3).~~

~~6.7.~~ Establish procedures under which ~~providers of local match to,~~ applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.

~~7.8.~~ Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.

~~8.9.~~ Establish enrollment criteria that ~~which shall~~ include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.

~~9.10.~~ Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria

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under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.

~~11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.~~

~~10.12.~~ Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program. Participating health and dental plans may develop marketing and other promotional materials and participate in activities, such as health fairs and public events, as approved by the corporation. The health and dental plans may also contact their enrollees and former enrollees to encourage continued participation in the plan.

~~11.13.~~ Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local

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matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.

~~12.14.~~ Provide a report annually to the Governor, Chief Financial Officer, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives.

~~13.15.~~ Establish benefit packages which conform to the provisions of the Florida KidCare program, as created in ss. 409.810-409.820.

(c) Coverage under the corporation's program is secondary to any other available private coverage held by, or applicable to, the participant child or family member. Insurers under contract with the corporation are the payors of last resort and must coordinate benefits with any other third-party payor that may be liable for the participant's medical care.

(d) The Florida Healthy Kids Corporation shall be a private corporation not for profit, organized under ~~pursuant to~~ chapter 617, and shall have all powers necessary to carry out the purposes of this act, including, but not limited to, the power to receive and accept grants, loans, or advances of funds from any public or private agency and to receive and accept from any source contributions of money, property, labor, or any other thing of value, to be held, used, and applied for the purposes of this section ~~act~~.

Section 9. This act shall take effect July 1, 2006.

=====TITLE AMENDMENT=====

Remove the entire title and insert:

An act relating to the Florida KidCare program;
amending s. 409.811, F.S.; defining the terms "Healthy Kids" and "maximum income threshold"; amending s.

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409.8132, F.S.; providing that eligibility for the Florida KidCare program be at or below the maximum income threshold rather than a specified percentage of the federal poverty level; amending s. 409.8134, F.S.; conforming provisions to changes made by the act; amending s. 409.814, F.S.; requiring that eligibility for the Florida KidCare program be at or below the maximum income threshold rather than a specified percentage of the federal poverty level; providing that certain specified children are eligible for nonfederal premium assistance for health insurance; providing that a child whose family income is above the maximum income threshold may participate in the Florida KidCare program but is subject to certain conditions; amending s. 409.816, F.S.; conforming a cross-reference; amending s. 409.818, F.S.; requiring the Agency for Health Care Administration to seek approval from the federal Centers for Medicare and Medicaid Services to use the highest maximum income threshold allowed by federal law or regulation, which is up to 300 percent of the most recently stated federal poverty limit; providing an alternative eligibility standard pending approval of the request; amending s. 409.821, F.S., relating to a public-records exemption; specifying that such provision does not prohibit an enrollee's parent or legal guardian from obtaining confirmation of coverage and dates of coverage; amending s. 624.91, F.S.; conforming provisions to changes made by the act; revising the powers of the Florida Healthy Kids Corporation; authorizing participating health and dental plans to develop marketing and other promotional materials

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699 and to participate in activities to promote the Florida
700 Healthy Kids Corporation; providing an effective date.

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1 A bill to be entitled
 2 An act relating to the Florida Healthy Kids Corporation
 3 Act; amending s. 624.91, F.S.; removing a limitation on
 4 eligibility for state-funded assistance in paying Florida
 5 Healthy Kids premiums; revising the date by which the
 6 corporation must provide certain notification of the local
 7 match amount to be remitted for the following year;
 8 revising basis for calculation of a county's local match
 9 contribution; amending s. 409.814, F.S.; conforming a
 10 cross-reference; providing an effective date.

11
 12 Be It Enacted by the Legislature of the State of Florida:

13
 14 Section 1. Subsections (5) through (8) of section 624.91,
 15 Florida Statutes, are renumbered as subsections (4) through (7),
 16 respectively, and present subsections (3) and (5) of that
 17 section are amended to read:

18 624.91 The Florida Healthy Kids Corporation Act.--

19 ~~(3) ELIGIBILITY FOR STATE FUNDED ASSISTANCE. Only the~~
 20 ~~following individuals are eligible for state funded assistance~~
 21 ~~in paying Florida Healthy Kids premiums:~~

22 ~~(a) Residents of this state who are eligible for the~~
 23 ~~Florida KidCare program pursuant to s. 409.814.~~

24 ~~(b) Notwithstanding s. 409.814, legal aliens who are~~
 25 ~~enrolled in the Florida Healthy Kids program as of January 31,~~
 26 ~~2004, who do not qualify for Title XXI federal funds because~~
 27 ~~they are not qualified aliens as defined in s. 409.811.~~

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~~(c) Notwithstanding s. 409.814, individuals who have attained the age of 19 as of March 31, 2004, who were receiving Florida Healthy Kids benefits prior to the enactment of the Florida KidCare program. This paragraph shall be repealed March 31, 2005.~~

~~(d) Notwithstanding s. 409.814, state employee dependents who were enrolled in the Florida Healthy Kids program as of January 31, 2004. Such individuals shall remain eligible until January 1, 2005.~~

(4) ~~(5)~~ CORPORATION AUTHORIZATION, DUTIES, POWERS.--

(b) The Florida Healthy Kids Corporation shall:

1. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment of premiums for comprehensive insurance coverage and for the actual or estimated administrative expenses.

2. Arrange for the collection of any voluntary contributions to provide for payment of premiums for children who are not eligible for medical assistance under Title XXI of the Social Security Act. ~~Each fiscal year, the corporation shall establish a local match policy for the enrollment of non Title XXI eligible children in the Healthy Kids program.~~ By June ~~May~~ 1 of each year, the corporation shall provide written notification of the local match amount to be remitted to the corporation for the following fiscal year ~~under that policy~~. Local match sources may include, but are not limited to, funds provided by municipalities, counties, school boards, hospitals, health care providers, charitable organizations, special taxing districts,

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56 and private organizations. The minimum local match cash
57 contributions required each fiscal year and local match credits
58 shall be determined by the General Appropriations Act. The
59 corporation shall calculate a county's local match rate based
60 upon that county's enrollment of non-Title-XXI-eligible children
61 as of March 1, 2004. The local match contribution for any county
62 shall not exceed 30 percent of the monthly premium after the
63 family premium is deducted, and 70 percent of the remaining
64 premium is taken from the General Appropriations Act. If local
65 match amounts collected exceed expenditures during any fiscal
66 year, the corporation shall apply any year-end surpluses as a
67 credit to the contributing entity's local match obligation for
68 the subsequent fiscal year ~~percentage of the state's total non-~~
69 ~~Title-XXI expenditures as reported in the corporation's most~~
70 ~~recently audited financial statement. In awarding the local~~
71 ~~match credits, the corporation may consider factors including,~~
72 ~~but not limited to, population density, per capita income, and~~
73 ~~existing child health-related expenditures and services.~~

74 3. Subject to the provisions of s. 409.8134, accept
75 voluntary supplemental local match contributions that comply
76 with the requirements of Title XXI of the Social Security Act
77 for the purpose of providing additional coverage in contributing
78 counties under Title XXI.

79 4. Establish the administrative and accounting procedures
80 for the operation of the corporation.

81 5. Establish, with consultation from appropriate
82 professional organizations, standards for preventive health
83 services and providers and comprehensive insurance benefits

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appropriate to children, provided that such standards for rural areas shall not limit primary care providers to board-certified pediatricians.

6. Determine eligibility for children seeking to participate in the Title XXI-funded components of the Florida KidCare program consistent with the requirements specified in s. 409.814, ~~as well as the non Title XXI eligible children as provided in subsection (3).~~

7. Establish procedures under which providers of local match to, applicants to and participants in the program may have grievances reviewed by an impartial body and reported to the board of directors of the corporation.

8. Establish participation criteria and, if appropriate, contract with an authorized insurer, health maintenance organization, or third-party administrator to provide administrative services to the corporation.

9. Establish enrollment criteria which shall include penalties or waiting periods of not fewer than 60 days for reinstatement of coverage upon voluntary cancellation for nonpayment of family premiums.

10. Contract with authorized insurers or any provider of health care services, meeting standards established by the corporation, for the provision of comprehensive insurance coverage to participants. Such standards shall include criteria under which the corporation may contract with more than one provider of health care services in program sites. Health plans shall be selected through a competitive bid process. The Florida Healthy Kids Corporation shall purchase goods and services in

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the most cost-effective manner consistent with the delivery of quality medical care. The maximum administrative cost for a Florida Healthy Kids Corporation contract shall be 15 percent. For health care contracts, the minimum medical loss ratio for a Florida Healthy Kids Corporation contract shall be 85 percent. For dental contracts, the remaining compensation to be paid to the authorized insurer or provider under a Florida Healthy Kids Corporation contract shall be no less than an amount which is 85 percent of premium; to the extent any contract provision does not provide for this minimum compensation, this section shall prevail. The health plan selection criteria and scoring system, and the scoring results, shall be available upon request for inspection after the bids have been awarded.

11. Establish disenrollment criteria in the event local matching funds are insufficient to cover enrollments.

12. Develop and implement a plan to publicize the Florida Healthy Kids Corporation, the eligibility requirements of the program, and the procedures for enrollment in the program and to maintain public awareness of the corporation and the program.

13. Secure staff necessary to properly administer the corporation. Staff costs shall be funded from state and local matching funds and such other private or public funds as become available. The board of directors shall determine the number of staff members necessary to administer the corporation.

14. Provide a report annually to the Governor, Chief Financial Officer, Commissioner of Education, Senate President, Speaker of the House of Representatives, and Minority Leaders of the Senate and the House of Representatives.

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15. Establish benefit packages which conform to the provisions of the Florida KidCare program, as created in ss. 409.810-409.820.

Section 2. Subsection (9) of section 409.814, Florida Statutes, is amended to read:



409.814 Eligibility.--A child who has not reached 19 years of age whose family income is equal to or below 200 percent of the federal poverty level is eligible for the Florida KidCare program as provided in this section. For enrollment in the Children's Medical Services Network, a complete application includes the medical or behavioral health screening. If, subsequently, an individual is determined to be ineligible for coverage, he or she must immediately be disenrolled from the respective Florida KidCare program component.

(9) Subject to paragraph (4)(b) ~~and s. 624.91(3)~~, the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

Section 3. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 1423 Children's Health Insurance
SPONSOR(S): Bucher and others
TIED BILLS: None. **IDEN./SIM. BILLS:** SB 2654

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Future of Florida's Families Committee</u>	_____	Davis 	Collins 
2) <u>Health Care Appropriations Committee</u>	_____	_____	_____
3) <u>Health & Families Council</u>	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

SUMMARY ANALYSIS

The bill proposes that the Department of Health (DOH) develop a program, in conjunction with the Department of Children and Family Services (DCF) and other partners, to identify low-income, uninsured children, to the extent appropriations allow, and refer them to DCF for the purpose of securing information on the choices of health care benefits provided under the KidCare Program and for eligibility determination.

The bill amends s. 624.91, F.S., authorizing the Florida Healthy Kids Corporation to enter into contracts for certain purposes.

The bill amends s. 409.908, F.S., requiring the Agency for Health Care Administration to provide reimbursement for physician and dental services at certain levels.

See Fiscal Comments Section of the analysis for detailed fiscal impact.

The bill provides an effective date of July 1, 2006.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Empower Families: This bill strengthens families as eligibility criteria are expanded for the Florida KidCare program.

B. EFFECT OF PROPOSED CHANGES:

Background:

The Florida KidCare Program

The State Children's Health Insurance Program (SCHIP) under Title XXI of the Social Security Act is a federal/state partnership, which provides insurance to uninsured children under age 19 whose family income is above Medicaid limits, but at or below 200 percent of the FPL. Under SCHIP, the federal government provides a capped amount of funds to States on a matching basis.¹ SCHIP expands insurance coverage for low-income children who do not qualify for Medicaid. Florida's SCHIP eligible children are served in the Florida KidCare Program.

Medicaid under Title XIX of the Social Security Act is a federal/state entitlement program that pays for medical assistance for certain individuals and families with low incomes and resources.

Florida KidCare was created in 1998 to provide health benefits to uninsured children through either SCHIP or Medicaid. The statutory framework for KidCare is delineated in sections 409.810 through 409.821, Florida Statutes. KidCare has four components each with its own eligibility standards:

- Medicaid:
 - Birth to age 1, with family incomes up to 200 percent of the FPL.
 - Ages 1 through 5, with family incomes up to 133 percent of the FPL.
 - Ages 6 through 18, with family incomes up to 100 percent of the FPL.
 - Ages 19 through 20, with family incomes up to 24 percent of the FPL.
- Medikids:
 - Children ages 1 through 4 with family incomes above 133 percent up to 200 percent of the FPL.
- Healthy Kids:
 - Children age 5, with family incomes above 133 percent up to 200 percent of the FPL.
 - Children age 6 through 18, with family incomes above 100 percent up to 200 percent of the FPL.
 - A limited number of children who have family incomes above 200 percent of the FPL are enrolled in the unsubsidized full-pay option in which the family pays the entire cost of the premium, including administrative costs.
- Children's Medical Services (CMS) Network:
 - Children ages birth through age 18 who have serious health care problems. For Title XXI-funded eligible children with special health care needs, the CMS Network receives a capitation payment from the Agency for Health Care Administration to provide services for them. For children who do not qualify for Title XIX- or Title XXI-funded coverage, services are limited and subject to the availability of funds.

¹ The federal allocation for FY 05/06 is \$249,329,871 and the federal matching rate is 71.22%.

2006 Federal Poverty Level

Persons in Family or Household	100%	200%
1	\$ 9,800	19,600
2	13,200	26,400
3	16,600	33,200
4	20,000	40,000
5	23,400	46,800

The Agency for Health Care Administration (AHCA) administers Medicaid and Medikids. AHCA is also the lead state agency for the federally funded portion of the KidCare Program. The Florida Healthy Kids Corporation (FHKC), pursuant to a contract with AHCA, administers the Healthy Kids component. FHKC's responsibilities include eligibility determination, collection of premiums, contracting with authorized insurers, and the development of benefit packages. CMS is under the Department of Health and administers the CMS Network. For Title XXI-funded children with special health care needs, the CMS Network receives a capitated payment from the Agency for Health Care Administration of approximately \$518.00 per child, per month. Children's Medical Services also administers a state-funded "Safety Net" program for children who do not qualify for Title XIX- or Title XXI-funded coverage, but services are limited and subject to the availability of funds.

Section 409.814(5), Florida Statutes, allows a child whose family income is above 200 percent of the FPL or a child that is not eligible for premium assistance as delineated in statute² to participate in Medikids and Healthy Kids if the family pays the full premium without any premium assistance. In practice, only Healthy Kids has enrolled children from these families. The Healthy Kids full-pay premium is \$110 per child per month. Medikids has not enrolled children from these. Current law limits the participation of families with income above 200 percent of the FPL to no more than 10 percent of total enrollees in the Medikids or Healthy Kids program to avoid adverse selection.³ Section 409.814(5), Florida Statutes, excludes the Medicaid component of KidCare from the full-pay provision.

There are 15,980 children currently enrolled in Medikids according to the KidCare enrollment report for March 2006. Therefore, the 10 percent cap on full-pay enrollees would limit the number of full-pays in Medikids to 1,598 children.

The differences in the eligibility criteria and ability to offer a full-pay premium option for families with incomes above 200 percent of FPL, has created the potential for confusion. Families may find that they can insure one child but not the other.

²Section 409.814(4), F.S., also excludes from premium assistance under KidCare the following children unless they are eligible for Medicaid:

- (a) A child who is eligible for coverage under a state health benefit plan on the basis of a family member's employment with a public agency in the state.
- (b) A child who is currently eligible for or covered under a family member's group health benefit plan or under other employer health insurance coverage, excluding coverage provided under the Florida Healthy Kids Corporation as established under s. 624.91, provided that the cost of the child's participation is not greater than 5 percent of the family's income. This provision shall be applied during redetermination for children who were enrolled prior to July 1, 2004. These enrollees shall have 6 months of eligibility following redetermination to allow for a transition to the other health benefit plan.
- (c) A child who is seeking premium assistance for the Florida KidCare program through employer-sponsored group coverage, if the child has been covered by the same employer's group coverage during the 6 months prior to the family's submitting an application for determination of eligibility under the program.
- (d) A child who is an alien, but who does not meet the definition of qualified alien, in the United States.
- (e) A child who is an inmate of a public institution or a patient in an institution for mental diseases.
- (f) A child who has had his or her coverage in an employer-sponsored health benefit plan voluntarily canceled in the last 6 months, except those children who were on the waiting list prior to March 12, 2004.
- (g) A child who is otherwise eligible for KidCare and who has a preexisting condition that prevents coverage under another insurance plan as described in paragraph (b) which would have disqualified the child for KidCare if the child were able to enroll in the plan shall be eligible for KidCare coverage when enrollment is possible.

³ Adverse selection occurs when too many children who are likely to incur high medical costs join the same health insurance plan. Adverse selection can cause what insurers refer to as a "death spiral." As more sick children join, the health insurance plan must raise premiums to cover cost. As premiums increase, families with healthier children leave to join less costly plans. The plan is left with only sick children and has difficulty spreading risk to cover their cost and ultimately may fail.

Summary of KidCare Full Pay Option

Florida KidCare	Children from families with incomes above 200% of FPL or not eligible for premium assistance allowed to participate.	Children from families above 200% of FPL or not eligible for premium assistance actually participating in program.
Medicaid	No	N/A
Medikids	Yes	No
Healthy Kids	Yes	Yes
CMS Network	Unclear	No

Effect:

The bill proposes that the Department of Health (DOH) develop a program, in conjunction with the Department of Children and Family Services (DCF) and other partners, to identify low-income, uninsured children, to the extent appropriations allow, and refer them to DCF for the purpose of securing information on the choices of health care benefits provided under the KidCare Program and for eligibility determination.

According to DCF, "It is not clear if the legislative intent is for DOH to provide parents with information about choices of health benefits coverage under KidCare, or for DCF to take on those responsibilities. The responsibilities proposed include, but are not limited to: training community providers in effective methods of outreach; conducting public information campaigns designed to publicize the KidCare Program, the eligibility requirements of the program, and the procedures for enrollment in the program; and maintaining public awareness of the KidCare Program. These activities are more appropriately shared among the various entities involved in the program (listed on page 1, lines 23 through 27 of the bill). As the bill is written, it appears to shift this responsibility entirely to the department, which does not appear to be the intent of the coordinated approach described in the bill. The department should maintain responsibility for Medicaid eligibility determination, but is not equipped nor staffed to provide outreach and education on all aspects of the coordinated program."

FHKC screens applicants for potential eligibility for Medicaid as well as determines eligibility for all other KidCare components. FHKC then sends those screened applications to DCF for determination for Medicaid eligibility. Children eligible for Medicaid, which is Title XIX, are not eligible for the Title XXI components of KidCare. Florida KidCare outreach activities have been performed in the past by DOH or FHK.

Although DCF does not participate in outreach or marketing of the KidCare Program, it does conduct the Medicaid eligibility determinations, and electronically refer those children not eligible for Medicaid to FHK for evaluation of coverage in another KidCare Program.

The bill amends s. 409.908, F.S., requiring the Agency for Health Care Administration to provide reimbursement for physician and dental services at certain levels.

The bill amends s. 624.91, F.S., authorizing the Florida Healthy Kids Corporation to enter into contracts for certain purposes.

C. SECTION DIRECTORY:

Section 1. Amends s. 409.8195, F.S., requiring the Department of Health to develop a program to identify certain children for referral to the Department of Children and Families for certain eligibility and choices of health benefits coverage under the Florida KidCare program.

Section 2. Amends s. 409.908, F.S., requiring the Agency for Health Care Administration to provide reimbursement for physician and dental services at certain levels.

Section 3. Amends s. 624.91, F.S., authorizing the Florida healthy Kids Corporation to enter into contracts for certain purposes.

Section 4. Provides an effective date of July 1, 2006.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

See Fiscal Comments Section.

2. Expenditures:

See Fiscal Comments Section.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

See Fiscal Comments Section.

2. Expenditures:

See Fiscal Comments Section.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

See Fiscal Comments Section.

D. FISCAL COMMENTS:

DOH provided the following: From program inception in July 1998 until the Legislature eliminated Florida KidCare Outreach in 2003, the DOH operated an outreach program to advertise the Florida KidCare program and educate the public on the benefits of health insurance coverage for children. The DOH's Florida KidCare Outreach program conducted intensive training, research-based message development and research, and information dissemination. Seventeen contracted Regional Outreach Projects provided direct outreach and application assistance to underserved, uninsured families and recruited and trained community-based organizations throughout the state. In the last year of the DOH's outreach program, the regional project contracts totaled \$1.6 million and 5 FTEs. The Florida KidCare Program was advertised using statewide and targeted marketing techniques, such as broadcast media, radio and television ads, billboards, bus cards, family advocacy, and community-based outreach to special populations. In order to carry out the language in Section 1 of this proposed legislation, the DOH would need to add 2 FTEs for contract management, 2 FTEs for the Florida KidCare unit, and 1 FTE for finance and accounting. The fiscal impact assumes that the costs relating to outreach, excluding the costs relating to the Accountant IV position, would be funded in part by Title XIX and Title XXI.

The bill requires AHCA to increase Medicaid reimbursement for physician and dental services provided to children under age 21 to at least the level provided by Medicare for physician reimbursement. Because CMS reimburses for services provided to children eligible under Title XXI at Medicaid rates, an increase in Medicaid rates will increase the CMS Network per member per month capitation rate and total cost under the CMS Network for Title XXI services.

Based on statehealthfacts.org, Henry J. Kaiser Family Foundation, the Medicaid-to-Medicare Fee Index, 2003, for physician fees is .65 for all services, .60 for primary care, .82 for obstetric care, and .58 for other services. Assuming that, on average, the current Medicaid physician rates are 60% of Medicare rates, the estimated impact on the CMS Network per member per month rate for Title XXI is an increase of \$27.95. The average PMPM for Title XXI CMS enrollees in FY 2004-05 for physician services was \$41.92. Assuming an increase to the Medicare levels, the estimated PMPM for physician services would increase by \$27.95 to \$69.87. Based on the estimated case months of 106,911 for FY 2006-07 and 127,825 for FY 2007-08 for Title XXI-eligible CMS enrolled children presented at the March 2006 KidCare Estimating Conference, **the estimated total increase for physician services is \$2,988,163 for FY 2006-07 and \$3,572,709 in FY 2007-08 above current projected expenditures.**

CMS also reimburses for services for safety net children based on Medicaid rates. An increase in Medicaid rates will mean that without an increase in state funding fewer services or fewer children could be served. In FY 2004-05, 1,955 unduplicated CMS safety net clients received physician services at an average cost of \$169.97 per client. Under the assumption that rates would increase to Medicare rates, the average cost per client would increase by \$113.32 to \$283.29. Additional state funding of \$221,541 is needed to maintain the same level of service. If additional funding is not appropriated, the number of clients served or the number of services provided will have to be reduced to stay within current funding. Because Medicare excludes reimbursement for dental services except for certain limited procedures, the impact for dental services is more difficult to estimate.

A detailed Department of Health fiscal note follows:

Estimated Expenditures	1st Year	2nd Year (Annualized/Recurr.)
Salaries		
<i>2 Government Op Cons @ 55,235.68</i>	\$110,472	\$110,472
<i>2 Ops Review Spec @ 51,986.63</i>	\$103,974	\$103,974
<i>1 Accountant IV @ 41,510.85</i>	\$41,511	\$41,511
<i>(FTE computed @ minimum w/29% fringe)</i>		
Total Salaries	\$255,957	\$255,957
State Funding	\$139,632	\$139,632
Donations Trust Fund (federal match)	\$116,325	\$116,325
Other Personal Services	\$ 0	\$ 0
Expense		
<i>2 FTE @ Std DOH profess.</i>	\$38,200	\$31,514
<i>pkg. w/maximum travel @\$19,100</i>		
<i>2 FTE @ Std DOH profess.</i>	\$32,920	\$26,234
<i>pkg. w/medium travel @\$16,460</i>		
<i>1 FTE @ Std DOH profess.</i>	\$13,733	\$10,390
<i>pkg. w/limited travel @\$13,733</i>		
Community/Regional-based Outreach	\$1,600,000	\$1,600,000
Multi-media Marketing Campaign	\$600,000	\$600,000
Print Materials/Distribution	\$500,000	\$500,000

Total Expense	\$2,784,853	\$2,768,138
State Funding	\$1,281,686	\$1,272,224
Donations Trust Fund (federal match)	\$1,503,167	\$1,495,914
Operating Capital Outlay		
5 FTE @ Std DOH profess. Pkg.	\$9,500	\$ 0
State Funding	\$5,377	\$ 0
Donations Trust Fund (federal match)	\$4,123	\$ 0
Human Resources Services		
5 FTE @ \$393.00	\$1,965	\$1,965
State Funding	\$1,112	\$1,112
Donations Trust Fund (federal match)	\$853	\$853
Children's Medical Svcs Network		
Yr 1: 106,911 case months @ \$27.95 Incremental Increase		
Yr 2: 127,825 case months @ \$27.95 Incremental Increase		
Donations Trust Fund (federal match)	\$2,988,163	\$3,572,709
PCS-Clinic & Field Operations		
1,955 clients @ \$283.29 average increase per person per year (safety net)		
State Funding	\$221,541	\$221,541
Total Estimated Expenditures:	\$6,261,979	\$6,820,310
State Funding	\$1,649,348	\$1,634,509
Donations Trust Fund (federal match)	\$4,612,631	\$5,185,801
Estimated Revenue	1st Year	2nd Year (Annualized/Recurr.)
Section 1. Outreach - Assumes that approximately 80% of expenditures, excluding the expenditures related to the Accountant IV, would be Title XIX-related and 20% would be Title XXI-related based on historical enrollment in Florida KidCare Program. Administrative Billing to AHCA.		
Title XIX – Administrative (50%)	\$1,197,896	\$1,189,508
Title XXI – Administrative (71.22%)	\$426,572	\$423,584
Section 2. Medicaid physician fee increase – Assumes that PMPM will increase for CMS Network enrolled children and that CMS billing to AHCA will increase. AHCA transfers revenue for both state and federal share of cost to DOH-CMS.		
	\$2,988,163	\$3,572,709
Total Estimated Revenue (Donations Trust Fund – (federal match):	\$4,612,631	\$5,185,801

Total Estimated Expenditures:	1st Year	2nd Year
Donations Trust Fund (federal match):	\$6,261,979	\$6,820,310
Total State Funding Needed:	<u>\$4,612,631</u>	<u>\$5,185,801</u>
	\$1,649,348	\$1,634,509

The following fiscal chart was provided by AHCA:

Projected Enrollment As of June 2007 FY 2006-07 SSEC Mar 1, 2006	Monthly Cost Per Member Medical & Dental Services FY 2005-06 As of Feb 2006 SSEC Mar 1, 2006	PROJECTED Monthly Cost Per Member Medical Services FY 2006-07 * Increases reimbursement rate	PROJECTED ANNUAL INCREASE for KIDCARE PROGRAM FY 2006-07
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Kidcare Components:

Medikids	20,956	\$101.12	\$183.03	\$20,597,367
Children under 1	1,265	\$302.63	\$547.76	\$3,721,078
Children's Medical Service Network	9,687	\$518.24	\$938.01	\$48,796,255
Behavioral Health Care	375	\$1,000.00	\$1,448.00	\$2,016,000
Title XXI Healthy Kids	195,954	\$104.19	\$188.58	\$198,447,867
Non-Title XXI Subsidized Healthy Kids	1,601	\$110.38	\$199.79	\$1,717,703
Non-Subsidized Healthy Kids	24,534	\$104.44	\$189.04	\$24,905,857
 Total	 254,372			 \$300,202,128
General Revenue				\$86,668,354
Medical Care Trust Fund				\$213,533,773

* ASSUMPTIONS:

The average Medicaid rate paid to physicians would increase by 81% in order to reach the Medicare reimbursement rate paid to physicians for children under age 21.

Monthly cost per enrollee will increase by 81%.

80% of the monthly cost per enrollee for Bnet is spent on medical services.

I. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not require counties or municipalities to spend funds or to take an action requiring the expenditure of funds. The bill does not reduce the percentage of a state tax shared with counties or municipalities. The bill does not reduce the authority that municipalities have to raise revenue.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill does not provide any additional rule making authority. Current law provides sufficient authority to carry out the provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The DOH provided the following: The bill creates a new section in the Florida KidCare Act, s. 409.8195, Florida Statutes (F.S.), that directs the DOH to develop a program, in partnership with the Department of Education, DCF, and the Agency for Health Care Administration, as well as local governments, Healthy Kids, employers, and other stakeholders, to identify uninsured children eligible for the Florida KidCare program, and refer them to the DCF for eligibility determination and choices of health care benefits provided under the program. The bill provides for activities to be conducted, such as training community providers, conducting public information and awareness campaigns, and educating the public about program eligibility requirements and enrollment procedures. The bill specifies that special emphasis shall be placed on identifying minority children for referral to, and participation in, the Florida KidCare program.

At present, the DOH has no funding allocated for outreach and marketing activities for the Florida KidCare Program. The Legislature eliminated the DOH's statutory authority to conduct Florida KidCare outreach in FY 2002-03, and eliminated federal and state funding for Florida KidCare outreach in FY 2003-04.

Currently, outreach and marketing activities are conducted primarily at the community level by the Covering Kids and Families initiative at the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida, under a grant from the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation funding for the Covering Kids and Families project will end in June 2006, and there is no state or federal funding identified to continue its activities.

The DOH continues to make Florida KidCare marketing materials available that were developed before the Florida KidCare Outreach program was eliminated; however, the quantities are limited. Organizations that want the materials pay for shipping costs, but there is no charge for the items.

The Florida Healthy Kids Corporation developed model "tool kits", which contain samples for billboards and bus placards, advertisements, and applications. The tool kits are available for free to organizations, but the organizations must pay to reproduce and disseminate the information. Healthy Kids also recently initiated a marketing effort, which will include statewide advertisements based on an award-winning message developed by the former Florida KidCare Outreach program.

Previously, printing and distribution costs for the Florida KidCare application, which is a Department of Children and Families form that is used for Title XIX Medicaid and Title XXI children's health insurance, was paid for by the state. The DOH, Florida KidCare Outreach program, assisted in disseminating the

form to county health departments and community-based organizations that worked with low-income families with uninsured children, including targeted special populations. Currently, there is no funding earmarked for printing the Florida KidCare application, and organizations that want to distribute the application to families must pay for the printing and shipping costs themselves. In February 2006, the Florida Healthy Kids Corporation initiated an on-line application, which should help families with access to the Internet; however, there will be a continued need for printed applications for families without computer access.

The bill adds paragraph (d) to subsection (12) of s. 409.908, F.S., requiring AHCA to provide reimbursement to physicians and dentists for services provided to children, at least at Medicare levels.

The Children's Medical Services (CMS) Network currently has approximately 31,000 Medicaid children enrolled, for whom a common barrier to access to services is a lack of specialty and dental providers, primarily attributable to the low Medicaid reimbursement rates. The CMS Network also serves approximately 8,000 Title XXI-funded children and provides "safety net" services to another 8,900 children. By state law, CMS is required to use the Medicaid fee schedule for reimbursing providers that serve Title XXI children and for safety net services.

The bill would help to improve CMS Network enrollees' access to care. To DOH's knowledge, Medicare covers only reconstructive oral surgical procedures, not basic dental procedures. Therefore, using the Medicare reimbursement schedule for reimbursing for dental services provided to children under age 21 may not result in a significant change for Medicaid-funded dental services. This provision also would result in corresponding changes to the physician and dental payments the CMS Network makes to providers that serve Title XXI-financed children and safety net children.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1

Bill No. **HB 1423**

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

Council/Committee hearing bill: Future of Florida's Families
Committee

Representative(s) Bucher offered the following:

Amendment

Remove line 76, and insert:

reimbursement under Medicare program and provide
reimbursement for dental services at 50 percent of usual and
customary rates provided for dental services.

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A bill to be entitled

An act relating to children's health insurance; creating s. 409.8195, F.S.; requiring the Department of Health to develop a program to identify certain children for referral to the Department of Children and Family Services for certain eligibility and choices of health benefits coverage under the Florida KidCare program; providing program requirements and criteria; amending s. 409.908, F.S.; requiring the Agency for Health Care Administration to provide reimbursement for physician and dental services at certain levels; amending s. 624.91, F.S.; authorizing the Florida Healthy Kids Corporation to enter into contracts for certain purposes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 409.8195, Florida Statutes, is created to read:

409.8195 Identification of low-income, uninsured children; determination of eligibility for the Florida KidCare program; alternative health care information.--The Department of Health shall develop a program, in conjunction with the Department of Education, the Department of Children and Family Services, the Agency for Health Care Administration, the Florida Healthy Kids Corporation, local governments, employers, and other stakeholders to identify low-income, uninsured children and, to the extent possible and subject to appropriation, refer them to

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29 the Department of Children and Family Services for eligibility
30 determination and provide parents with information about choices
31 of health benefits coverage under the Florida KidCare program.
32 These activities shall include, but not be limited to: training
33 community providers in effective methods of outreach; conducting
34 public information campaigns designed to publicize the Florida
35 KidCare program, the eligibility requirements of the program,
36 and the procedures for enrollment in the program; and
37 maintaining public awareness of the Florida KidCare program.
38 Special emphasis shall be placed on the identification of
39 minority children for referral to and participation in the
40 Florida KidCare program.

41 Section 2. Paragraph (d) is added to subsection (12) of
42 section 409.908, Florida Statutes, to read:

43 409.908 Reimbursement of Medicaid providers.--Subject to
44 specific appropriations, the agency shall reimburse Medicaid
45 providers, in accordance with state and federal law, according
46 to methodologies set forth in the rules of the agency and in
47 policy manuals and handbooks incorporated by reference therein.
48 These methodologies may include fee schedules, reimbursement
49 methods based on cost reporting, negotiated fees, competitive
50 bidding pursuant to s. 287.057, and other mechanisms the agency
51 considers efficient and effective for purchasing services or
52 goods on behalf of recipients. If a provider is reimbursed based
53 on cost reporting and submits a cost report late and that cost
54 report would have been used to set a lower reimbursement rate
55 for a rate semester, then the provider's rate for that semester
56 shall be retroactively calculated using the new cost report, and

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full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(12)

(d) Notwithstanding any other provision of this subsection, the agency shall provide reimbursement for physician and dental services provided to children under 21 years of age at least at the level provided by federal law for physician reimbursement under the Medicare program.

Section 3. Paragraph (b) of subsection (5) of section 624.91, Florida Statutes, is amended to read:

624.91 The Florida Healthy Kids Corporation Act.--

(5) CORPORATION AUTHORIZATION, DUTIES, POWERS.--

(b) The Florida Healthy Kids Corporation shall:

1. Arrange for the collection of any family, local contributions, or employer payment or premium, in an amount to be determined by the board of directors, to provide for payment

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85 of premiums for comprehensive insurance coverage and for the
86 actual or estimated administrative expenses.

87 2. Arrange for the collection of any voluntary
88 contributions to provide for payment of premiums for children
89 who are not eligible for medical assistance under Title XXI of
90 the Social Security Act. Each fiscal year, the corporation shall
91 establish a local match policy for the enrollment of non-Title-
92 XXI-eligible children in the Healthy Kids program. By May 1 of
93 each year, the corporation shall provide written notification of
94 the amount to be remitted to the corporation for the following
95 fiscal year under that policy. Local match sources may include,
96 but are not limited to, funds provided by municipalities,
97 counties, school boards, hospitals, health care providers,
98 charitable organizations, special taxing districts, and private
99 organizations. The minimum local match cash contributions
100 required each fiscal year and local match credits shall be
101 determined by the General Appropriations Act. The corporation
102 shall calculate a county's local match rate based upon that
103 county's percentage of the state's total non-Title-XXI
104 expenditures as reported in the corporation's most recently
105 audited financial statement. In awarding the local match
106 credits, the corporation may consider factors including, but not
107 limited to, population density, per capita income, and existing
108 child-health-related expenditures and services.

109 3. Subject to the provisions of s. 409.8134, accept
110 voluntary supplemental local match contributions that comply
111 with the requirements of Title XXI of the Social Security Act

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112 for the purpose of providing additional coverage in contributing
113 counties under Title XXI.

114 4. Establish the administrative and accounting procedures
115 for the operation of the corporation.

116 5. Establish, with consultation from appropriate
117 professional organizations, standards for preventive health
118 services and providers and comprehensive insurance benefits
119 appropriate to children, provided that such standards for rural
120 areas shall not limit primary care providers to board-certified
121 pediatricians.

122 6. Determine eligibility for children seeking to
123 participate in the Title XXI-funded components of the Florida
124 KidCare program consistent with the requirements specified in s.
125 409.814, as well as the non-Title-XXI-eligible children as
126 provided in subsection (3).

127 7. Establish procedures under which providers of local
128 match to, applicants to and participants in the program may have
129 grievances reviewed by an impartial body and reported to the
130 board of directors of the corporation.

131 8. Establish participation criteria and, if appropriate,
132 contract with an authorized insurer, health maintenance
133 organization, or third-party administrator to provide
134 administrative services to the corporation.

135 9. Establish enrollment criteria which shall include
136 penalties or waiting periods of not fewer than 60 days for
137 reinstatement of coverage upon voluntary cancellation for
138 nonpayment of family premiums.

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139 10. Contract with authorized insurers or any provider of
140 health care services, meeting standards established by the
141 corporation, for the provision of comprehensive insurance
142 coverage to participants. Such standards shall include criteria
143 under which the corporation may contract with more than one
144 provider of health care services in program sites. Health plans
145 shall be selected through a competitive bid process. The Florida
146 Healthy Kids Corporation shall purchase goods and services in
147 the most cost-effective manner consistent with the delivery of
148 quality medical care. The maximum administrative cost for a
149 Florida Healthy Kids Corporation contract shall be 15 percent.
150 For health care contracts, the minimum medical loss ratio for a
151 Florida Healthy Kids Corporation contract shall be 85 percent.
152 For dental contracts, the remaining compensation to be paid to
153 the authorized insurer or provider under a Florida Healthy Kids
154 Corporation contract shall be no less than an amount which is 85
155 percent of premium; to the extent any contract provision does
156 not provide for this minimum compensation, this section shall
157 prevail. The health plan selection criteria and scoring system,
158 and the scoring results, shall be available upon request for
159 inspection after the bids have been awarded.

160 11. Establish disenrollment criteria in the event local
161 matching funds are insufficient to cover enrollments.

162 12. Develop and implement a plan to publicize the Florida
163 Healthy Kids Corporation, the eligibility requirements of the
164 program, and the procedures for enrollment in the program and to
165 maintain public awareness of the corporation and the program.

166 13. Secure staff necessary to properly administer the
167 corporation. Staff costs shall be funded from state and local
168 matching funds and such other private or public funds as become
169 available. The board of directors shall determine the number of
170 staff members necessary to administer the corporation.

171 14. Provide a report annually to the Governor, Chief
172 Financial Officer, Commissioner of Education, Senate President,
173 Speaker of the House of Representatives, and Minority Leaders of
174 the Senate and the House of Representatives.

175 15. Establish benefit packages which conform to the
176 provisions of the Florida KidCare program, as created in ss.
177 409.810-409.820.

178 16. As appropriate, enter into contracts with local school
179 boards or other agencies to provide onsite information,
180 enrollment, and other services necessary to the operation of the
181 corporation.

182 Section 4. This act shall take effect July 1, 2006.

HOUSE OF REPRESENTATIVES STAFF ANALYSIS


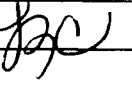
BILL #: HB 1495

Marriage Licenses

SPONSOR(S): Arza

TIED BILLS: None.

IDEN./SIM. BILLS: SB 2536

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) <u>Civil Justice Committee</u>	<u>4 Y, 0 N</u>	<u>Shaddock</u>	<u>Bond</u>
2) <u>Future of Florida's Families Committee</u>	<u></u>	<u>Preston</u> 	<u>Collins</u> 
3) <u>Justice Council</u>	<u></u>	<u></u>	<u></u>
4) <u></u>	<u></u>	<u></u>	<u></u>
5) <u></u>	<u></u>	<u></u>	<u></u>

SUMMARY ANALYSIS

Current law provides two different avenues for a minor to be granted a marriage license:

- Any minor 16 or 17 years of age may marry with the consent of the minor's parents or legal guardian; or
- Any minor of any age may marry if the female is pregnant or has given birth, the potential groom is the father of the child, and a judge, in his or her discretion, grants permission to marry. This provision does not require notice to, or the consent of, the parents or guardian of the minor.

This bill eliminates the provisions allowing a court to grant a marriage license to a minor, thereby limiting the legal authority of a minor to marry to only those minors 16 or 17 years of age who obtain the consent of the minor's parents or legal guardian.

This bill does not appear to have a fiscal impact on state or local governments.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. HOUSE PRINCIPLES ANALYSIS:

Empower families – This bill affects the ability of a minor to marry.

Safeguard individual liberty – This bill decreases the individual liberty of certain minors to marry without parental consent.

B. EFFECT OF PROPOSED CHANGES:

Current Law

Section 741.0405, F.S., provides a method by which minors may obtain a marriage license. If either of the parties seeking to be married is under the age of 18 but at least 16, the issuing authority¹ must issue a marriage license if there is a written consent of the parents or guardian of the minor, acknowledged before some officer authorized by law to take acknowledgments and administer oaths. The license must be issued without parental consent when both parents of the minor are deceased at the time of application or when the minor has been married previously.

Current law authorizes a county judge, in his or her discretion, to issue a marriage license without parental consent in limited circumstances. A county court judge may issue a license to any male or female under 18, when both parties swear under oath that they are the parents of a child. When the pregnancy is verified by the written statement of a physician, the county court judge may issue a marriage license:

- To any male or female under 18 upon a sworn application of both parties that they are the expectant parents; or
- To any female under 18 and male over 18 upon the female's sworn application that she is an expectant parent.

These exceptions too would permit a minor under 16, with or without the consent of the parents, to be issued a marriage license.

Effect of Bill

The bill provides that no marriage license will be granted to any person under 16 with or without the parents consent. Further, this bill eliminates the provisions allowing a court to issue a license without parental consent when one or both parties swear under oath that they are parents of a child or when the pregnancy is verified by a physician's statement.

C. SECTION DIRECTORY:

Section 1. Amends s. 741.0405, F.S., by deleting provisions authorizing a court to issue a marriage license in certain circumstances.

Section 2. Provides for an effective date of July 1, 2006.

¹ The issuing authority is either a county court judge or clerk of the circuit court.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

It is expected that so few minors under 16 marry that this bill is not expected to have a fiscal impact.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES

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2006

A bill to be entitled

An act relating to marriage licenses; amending s. 741.0405, F.S.; deleting provisions authorizing the court to issue a marriage license upon the sworn application that both minor applicants are the parents of a child or the expectant parents of a child; deleting provisions authorizing the court to issue a marriage license upon written verification by a physician and sworn application that the minor female applicant is an expectant parent; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 741.0405, Florida Statutes, is amended to read:

741.0405 When marriage license may be issued to persons under 18 years.--

(1) If either of the parties shall be under the age of 18 years but at least 16 years of age, the county court judge or clerk of the circuit court shall issue a license for the marriage of such party only if there is first presented and filed with him or her the written consent of the parents or guardian of such minor to such marriage, acknowledged before some officer authorized by law to take acknowledgments and administer oaths. However, the license shall be issued without parental consent when both parents of such minor are deceased at the time of making application or when such minor has been married previously.

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29 ~~(2) The county court judge of any county in the state may,~~
 30 ~~in the exercise of his or her discretion, issue a license to~~
 31 ~~marry to any male or female under the age of 18 years, upon~~
 32 ~~application of both parties sworn under oath that they are the~~
 33 ~~parents of a child.~~

34 ~~(3) When the fact of pregnancy is verified by the written~~
 35 ~~statement of a licensed physician, the county court judge of any~~
 36 ~~county in the state may, in his or her discretion, issue a~~
 37 ~~license to marry.~~

38 ~~(a) To any male or female under the age of 18 years upon~~
 39 ~~application of both parties sworn under oath that they are the~~
 40 ~~expectant parents of a child; or~~

41 ~~(b) To any female under the age of 18 years and male over~~
 42 ~~the age of 18 years upon the female's application sworn under~~
 43 ~~oath that she is an expectant parent.~~

44 (2)(4) No license to marry shall be granted to any person
 45 under the age of 16 years, with or without the consent of the
 46 parents, ~~except as provided in subsections (2) and (3).~~

47 Section 2. This act shall take effect July 1, 2006.